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Index—California and Western Medicine, Volume 54

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INDEX ARRANGEMENT

Sequence of Subheads in Index

This index is arranged under the following headings:

- I. Authors.
- II. Subjects—Titles of papers.
 - (a) Official Notices, Minutes, Committees.
 - (b) Annual Session Program.
 - (c) Pre-Convention Bulletin.
 - (d) Deceased Members.
 - (e) Woman's Auxiliary.
 - (f) California Physicians' Service.
- III. California Medical Association.
 - (a) General.
 - (b) Component County Societies.
 - (c) Deceased Members.
 - (d) Woman's Auxiliary.
 - (e) California Physicians' Service.
- IV. Miscellany.
- V. Books Received and Books Reviewed.
- VI. California Board of Medical Examiners.*

Key to Abbreviations in This Index

- Or.—Original Article (Scientific and General).
C. R.—Case Report (Clinical Notes).
Ed.—Editorial.
E. C.—Editorial Comment.
P. B.—Pre-Convention Bulletin.
A. S. P.—Annual Session Program.

Index to Pages, Volume 54, California and Western Medicine, January to June, 1941

Date of Issue	No. of Pages
January	1- 52
February	53-100
March	101-152
April	153-252
May	253-298
June	299-362

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CALIFORNIA AND WESTERN MEDICINE is issued annually in two volumes: the first from January to June, inclusive; and the second from July to December, inclusive.

American Medical Association Quarterly Cumulative Index

Members who wish to consult a general medical index are referred to the Quarterly Cumulative Index of the American Medical Association.

I AUTHORS—INDEX

A	PAGE
Arnold, Ferris, Long Beach—Sinus Infections: Their Relationship to Respiratory Disease (Or.).....	270
B	
Barrow, John V., Los Angeles; Wilbur, Dwight L., and Langstroth, Lovell, San Francisco—Bedside Medicine (Diet Deficiencies) (Or.).....	126
Bell, H. Glenn, San Francisco—Chronic Gall-Bladder Disease (Or.).....	269
Bogen, Emil, Olive View—The Hour of Death (Or.).....	260
Bost, Crawford, San Francisco—Eczema of Infancy and Early Childhood: Its Pediatric Management (Or.).....	24
Bower, Albert G., Glendale; Spishakoff, Nathan M., and Golenternek, Dan, Los Angeles—Premature Obstetrical Delivery Due to Poliomyelitis (Or.).....	121
Bryan, Lloyd, and Williams, A. Justin, San Francisco—Roentgen Therapy in the Treatment of Absolute Glaucoma (Or.).....	76
Burlingame, R. W., and Geiger, J. C., San Francisco—Adult Diphtheria in San Francisco (E. C.).....	104
C	
Campion, Gwendolyn, San Francisco—Pentobarbital-Sodium, Nembutal—In Obstetrical Analgesia (Or.).....	116
Cheney, Garnett, San Francisco—Development and Clinical Use of Vitamin K (Or.).....	224
Crane, Whitfield, Oakland—Surgical Treatment of Essential Hypertension (Or.).....	108
D	
Debenham, Martin, San Francisco—Primary Repair of Tendons (Or.).....	273
Dougherty, John A., Oakland—An Analysis of Causes of Death in Prostatectomy (Or.).....	216
E	
Empey, Lucas W., Roseville—Convulsive States: Their Differential Diagnosis and Management (Or.).....	15
F	
Faulkner, William B., Jr., San Francisco—Management of Chest Injuries (Or.).....	71
Fuerstner, Paul G., San Francisco—Retreat to Pharmacology? (C. R.).....	227
G	
Geiger, J. C., San Francisco—Blood Bank: San Francisco Hospital (C. R.).....	80
Geiger, J. C., and Burlingame, R. W., San Francisco—Adult Diphtheria in San Francisco (E. C.).....	104
Golenternek, Dan, Spishakoff, Nathan M., Los Angeles, and Bower, Albert G., Glendale—Premature Obstetrical Delivery Due to Poliomyelitis (Or.).....	121
H	
Hamilton, Paul M., San Marino—Changing Treatment in Acute Infections (Or.).....	111
I	
Ingels, Arne Ely, San Francisco—Epidermophytosis Treated with Sodium Borate (Or.).....	120
J	
Journal of the American Medical Association—Acute Subdeltoid Bursitis (C. R.).....	228
Jump, Karolina B., Soley, Mayo H., San Mateo, and Shock, Nathan W., Berkeley—Carbon Dioxid Therapy (Or.).....	73

K	PAGE
Kress, George H., (Editorials): A Postgraduate Course Worthy of Emulation.....	55
American Doctors for Britain.....	254
American Medical Association on Trial.....	104
American Medical Association Trial: Judge's Charge to Jury.....	255
American Medical Association Trial: Jury's Verdict.....	211
Annual Session: Del Monte, May 5-8, 1941.....	2
Another Legislative Year.....	2
California Legislature: Status of Pending Measures.....	209
Compulsory Health Insurance Act Proposed by the Governor of California.....	53
Del Monte Annual Session: Monday, May 5 to Thursday, May 8, 1941.....	208
Greetings to New Officers.....	253
Medical Preparedness.....	1, 210
Medical Students and Schools, and the Military Services.....	102
Members in Military Service and California Medical Association Dues.....	102
Naturopathic Licensure.....	257
On various Topics.....	56
Pending Legislation: California Legislature Now in Session.....	101
Postgraduate Activities.....	3
Postgraduate Courses in California.....	210
Pre-Convention Bulletin: Now Incorporated as Part of the April Issue of the "Official Journal".....	208
Kruse, Fred H., San Francisco—Gastro-Intestinal Diseases: The Newer Therapy (Or.).....	59
Kupka, Edward, Olive View—Endocavitary Aspiration of Tuberculous Pulmonary Cavities (E. C.).....	5
L	
Langstroth, Lovell, Wilbur, Dwight L., San Francisco, and Barrow, John V., Los Angeles—Bedside Medicine (Diet Deficiencies) (Or.).....	126
Lyman, George D., San Francisco—Anemia of the New-born with Erythroblastosis (Or.).....	64
M	
Manwaring, W. H., Stanford University: Charcoal Avitaminosis (E. C.).....	58
Failure of Nonviable Antirabic Vaccines (E. C.).....	4
Hepatic Cancerogen (E. C.).....	57
Local Tissues Immunity (E. C.).....	211
Milk-Borne Carcinogenic Virus (E. C.).....	258
Sulfonamide Inhibitors in Mammalian Tissues (E. C.).....	105
Michelson, Lewis, San Francisco—Progress in the Examination of Semen Relative to Fertility (Or.).....	19
Miller, Hyman, Piness, George, and Small, Willard F., Los Angeles—Allergic Eczema of Infancy and Childhood: Application of Skin Testing (Or.).....	267
Musser, J. H., New Orleans, Louisiana—The State of Our Profession (Or.).....	306
N	
Newell, R. R., San Francisco—Relationship of Radiology to the Physical World and to Society (Or.).....	218
O	
O'Neill, J. Norman, Los Angeles—Traumatic Rupture of the Liver (Or.).....	68
P	
Piness, George, Miller, Hyman, and Small, Willard F., Los Angeles—Allergic Eczema of Infancy and Childhood: Application of Skin Testing (Or.).....	267
R	
Ravdin, I. S., Philadelphia, Pennsylvania—Some Factors Involved in the Care of the Patient Seriously Ill with Biliary Tract Disease (Or.).....	212

* Index of Board of Medical Examiners items will appear in July issue.

	PAGE
Reiss, Oscar, Los Angeles—Pediatrics: Its Broader Aspects (Or.).....	119
S	
Sampson, John J., San Francisco—Changing Conception of Coronary Artery Disease (Or.).....	6
Scholtz, Moses, Arcadia—Hippocrates' Aphorisms (C.R.).....	27, 82, 124, 229
Shock, Nathan W., Berkeley, Soley, Mayo H., and Jump, Karolina B., San Mateo—Carbon Dioxid Therapy (Or.).....	73
Small, Willard F., Piness, George, and Miller, Hyman, Los Angeles—Allergic Eczema of Infancy and Childhood: Application of Skin Testing (Or.).....	267
Soley, Mayo, H., Jump, Karolina B., San Mateo, and Shock, Nathan W., Berkeley—Carbon Dioxid Therapy (Or.).....	73
Spishakoff, Nathan M., Golenternek, Dan, Los Angeles, and Bower, Albert G., Glendale—Premature Obstetrical Delivery Due to Poliomyelitis (Or.).....	121
Stock, M. F., and Walker, G. W., Fresno—Fibroma of the Nasopharynx (Or.).....	10
Stratton, Ernest K., San Francisco—Poison Oak and Poison Ivy Immunity Studies in Guinea Pigs (Or.).....	115
T	
Templeton, H. J., Oakland—Cutaneous Leishmaniasis, Experimentally Produced (Or.).....	70

II SUBJECTS—INDEX

A	
Acute Subdeltoid Bursitis, J. A. M. A. (C. R.).....	228
Adult Diphtheria in San Francisco—J. C. Geiger and R. W. Burlingame, San Francisco (E. C.).....	104
Allergic Eczema of Infancy and Childhood: Application of Skin Testing—Hyman Miller, George Piness, and Willard F. Small, Los Angeles (Or.).....	267
American Doctors for Britain (Ed.).....	254
American Medical Association on Trial (Ed.).....	104
American Medical Association Trial: Judge's Charge to Jury (Ed.).....	255
American Medical Association Trial: Jury's Verdict (Ed.).....	211
An Analysis of Causes of Death in Prostatectomy—John A. Dougherty, Oakland (Or.).....	216
Anemia of the Newborn with Erythroblastosis—George D. Lyman, San Francisco (Or.).....	64
Annual Session Program: See Index on page.....	153
Another Legislative Year (Ed.).....	2
Annual Session: Del Monte, May 5-8, 1941 (Ed.).....	2
B	
Bedside Medicine: (Diet Deficiencies)—Dwight L. Wilbur, San Francisco; Lovell Langstroth, San Francisco; John V. Barrow, Los Angeles (Or.).....	126
Blood Bank: San Francisco Hospital—J. C. Geiger, San Francisco (C. R.).....	80
C	
California Legislature: Medical Measures (Ed.).....	300
California Legislature: Status of Pending Measures (Ed.).....	209
Carbon Dioxid Therapy—Mayo H. Soley, Karolina B. Jump, San Mateo, and Nathan W. Shock, Berkeley (Or.).....	73
Changing Conception of Coronary Artery Disease—John J. Sampson, San Francisco (Or.).....	6
Changing Treatment in Acute Infections—Paul M. Hamilton, San Marino (Or.).....	111
Charcoal Avitaminosis—W. H. Manwaring, Stanford University (E. C.).....	58
Chronic Gall-Bladder Disease—H. Glenn Bell, San Francisco (Or.).....	269
Coccidioidomycosis—Juliet E. Thorner, Bakersfield (Or.).....	12
Comments on "Man the Known"—Harry H. Wilson, Los Angeles (Or.).....	303
Compulsory Health Insurance Act Proposed by the Governor of California (Ed.).....	53
Convulsive States: Their Differential Diagnosis and Management—Lucas W. Empey, Roseville (Or.).....	15
Cutaneous Leishmaniasis, Experimentally Produced—H. J. Templeton, Oakland (Or.).....	70
D	
Del Monte Annual Session: Monday, May 5 to Thursday, May 8, 1941 (Ed.).....	208
Development and Clinical Use of Vitamin K—Garnett Cheney, San Francisco (Or.).....	224
E	
Eczema of Infancy and Early Childhood: Its Pediatric Management—Crawford Bost, San Francisco (Or.).....	24
Endocavitary Aspiration of Tuberculous Pulmonary Cavities—Edward Kupka, Olive View (E. C.).....	5
Epidermophytosis Treated with Sodium Borate—Arne Ely Ingels, San Francisco (Or.).....	120
Epidural Air Injection: In Diagnosis of Spinal Canal Masses—Henry M. Weber, Los Angeles (C. R.).....	27
Equine Encephalitis in the San Joaquin Valley—R. J. van Wagenen, Fresno (Or.).....	264
Evaluation of the Newer Therapy in the Pneumonias—Roy E. Thomas, Los Angeles (Or.).....	106
F	
Failure of Nonviable Antirabic Vaccines—W. H. Manwaring, Stanford University (E. C.).....	4
Fall Programs and Postgraduate Conferences (Ed.).....	300
Fibroma of the Nasopharynx—G. W. Walker and M. F. Stock, Fresno (Or.).....	10
G	
Gastro-Intestinal Diseases: The Newer Therapy—Fred H. Kruse, San Francisco (Or.).....	59

Thomas, Roy E., Los Angeles—Evaluation of the Newer Therapy in the Pneumonias (Or.).....	106
Thorner, Juliet E., Bakersfield—Coccidioidomycosis (Or.).....	12
V	
Van Wagenen, R. J., Fresno—Equine Encephalitis in the San Joaquin Valley (Or.).....	264
W	
Walker, G. W., and Stock, M. F., Fresno—Fibroma of the Nasopharynx (Or.).....	10
Wallerstein, Otto R., San Francisco—Insulin Treatment in Nondiabetic Disturbances (C. R.).....	123
Weber, Henry M., Los Angeles—Epidural Air Injection: In Diagnosis of Spinal Canal Masses (C. R.).....	27
White, William, Los Angeles—The Literary Physician: A Note on Osler's Essays (Or.).....	79
Wilbur, Dwight L., Langstroth, Lovell, San Francisco, and Barrow, John V., Los Angeles—Bedside Medicine (Diet Deficiencies) (Or.).....	126
Williams, A. Justin, and Bryan, Lloyd, San Francisco—Roentgen Therapy in the Treatment of Absolute Glaucoma (Or.).....	76
Wilson, Harry H., Los Angeles—Comments on "Man the Known" (Or.).....	303

Greetings to New Officers (Ed.).....	253
H	
Hepatic Cancerogen—W. H. Manwaring, Stanford University (E. C.).....	57
Hippocrates' Aphorisms—M. Scholtz, Arcadia (C. R.).....	27, 82, 124, 229
Hour of Death, The—Emil Bogen, Olive View (Or.).....	260
I	
Insulin Treatment in Nondiabetic Disturbances—Otto R. Wallerstein, San Francisco (C. R.).....	123
L	
Literary Physician, The: A Note on Osler's Essays—William White, Los Angeles (Or.).....	79
Local Tissues Immunity—W. H. Manwaring, Stanford University (E. C.).....	211
M	
Management of Chest Injuries—William B. Faulkner, Jr., San Francisco (Or.).....	71
Medical Preparedness (Ed.).....	210
Medical Students and Schools, and the Military Services (Ed.).....	102
Members in Military Service and C. M. A. Dues (Ed.).....	102
Milk-Borne Carcinogenic Virus—W. H. Manwaring, Stanford University (E. C.).....	258
N	
Naturopathic Licensure (Ed.).....	257
O	
On Public Health Education (Ed.).....	301
On Various Topics (Ed.).....	56
P	
Pediatrics: Its Broader Aspects—Oscar Reiss, Los Angeles (Or.).....	119
Pending Legislation: California Legislature Now in Session (Ed.).....	101
Pentobarbital-Sodium, Nembutal—In Obstetrical Analgesia—Gwendolyn Campion, San Francisco (Or.).....	116
Poison Oak and Poison Ivy Immunity Studies in Guinea Pigs—Ernest K. Stratton, San Francisco (Or.).....	115
Postgraduate Activities (Ed.).....	3
Postgraduate Course Worthy of Emulation (Ed.).....	55
Postgraduate Courses in California (Ed.).....	210
Pre-Convention Bulletin: See Index on page.....	153
Pre-Convention Bulletin: Now Incorporated as Part of the April Issue of the "Official Journal" (Ed.).....	208
Premature Obstetrical Delivery Due to Poliomyelitis—Nathan M. Spishakoff, Dan Golenternek, Los Angeles, and Albert G. Bower, Glendale (Or.).....	121
Primary Repair of Tendons—Martin Debenham, San Francisco (Or.).....	273
Progress in the Examination of Semen Relative to Fertility—Lewis Michelson, San Francisco (Or.).....	19
R	
Relationship of Radiology to the Physical World and to Society—R. R. Newell, San Francisco (Or.).....	218
Retreat to Pharmacology?—Paul G. Fuerstner, San Francisco (C. R.).....	227
Roentgen Therapy in the Treatment of Absolute Glaucoma—Lloyd Bryan and A. Justin Williams, San Francisco (Or.).....	76
S	
Seventieth Annual Session: Some After-Thoughts (Ed.).....	299
Sinus Infections: Their Relationship to Respiratory Disease—Ferris Arnold, Long Beach (Or.).....	270
Some Factors Involved in the Care of the Patient Seriously Ill with Biliary Tract Disease—I. S. Ravidin, Philadelphia, Pennsylvania (Or.).....	212
State of Our Profession, The—J. H. Musser, New Orleans, Louisiana (Or.).....	306
Sulfonamide Inhibitors in Mammalian Tissues—W. H. Manwaring, Stanford University (E. C.).....	105
Surgical Treatment of Essential Hypertension—Whitfield Crane, Oakland (Or.).....	108
T	
Traumatic Rupture of the Liver—J. Norman O'Neill, Los Angeles (Or.).....	68

III

CALIFORNIA MEDICAL ASSOCIATION—INDEX

(a) Official Notices, Minutes, and Committees

	PAGE		PAGE
Annual Conference: State Association Officers and County Secretaries, San Francisco (February 22, 1941)	131	Committee on Public Relations	40, 90, 246
Annual Session: California Medical Association Executive Committee, Hotel Del Monte (May 5-8, 1941)	30	Committee on Scientific Work	91, 139, 246
California Medical Association	28, 83, 230, 277	Minutes, California Medical Association Council: Two Hundred and Ninetieth (290th) Meeting, San Francisco (February 23, 1941)	239
California Tuberculosis Association	144	Minutes, California Medical Association Executive Committee: One Hundred and Seventy-Second (172nd) Meeting, San Francisco (December 13, 1940)	29
Committees of California Medical Association: California Committee on Medical Preparedness	31, 85, 132, 233, 283, 343	One Hundred and Seventy-Third (173rd) Meeting, San Francisco (January 26, 1941)	85
Cancer Commission	90, 139	Minutes, California Medical Association House of Delegates	310
Committee on Health and Public Instruction	42, 91, 140	Official Notices: Proposed Amendments to the Constitution	28, 83
Committee on History	41	Official Call to Annual Session	239
Committee on Industrial Practice	41	Seventieth Annual Session	277
Committee on Postgraduate Activities	37, 89, 137, 234, 285		
Committee on Public Health Education	39, 90, 139, 286, 346		
Committee on Public Policy and Legislation	88, 135, 284, 345		

(b) Annual Session Program, Del Monte, May 5-8, 1941—Seventieth Annual Session

Entertainment	178	Photographs of Guest Speakers and Officers	155
General Meetings	165	President's Salutation	154
Hotel Information	178	Program: By Days	164
House of Delegates Meetings	161	Registration Information	161
Index to Speakers	177	Scientific Exhibits	176
Medical Films	176	Section Meetings and Programs	166
Members of the House of Delegates	159	Technical Exhibits	178
Monterey Peninsula: Information	178	Transportation Information	178
Other Meetings	176	Woman's Auxiliary	179

(c) Pre-Convention Bulletin, Reports of Officers and Committees

Reports of Councilors-at-Large	195	Reports of Secretaries of Scientific Sections	205
Reports of District Councilors	193	Reports of Special and Council Committees	202
Reports of General Officers	181	Reports of Standing Committees	196

(d) Deceased Members

Burkelman, Arnold (April 23, 1941)	348	Levy, Jacob Joseph (January 8, 1941)	93
Chaloupka, Hugo Robert (February 20, 1941)	236	McVey, Charles Leland (January 28, 1941)	142
Cheney, William Fitch (April 10, 1941)	287	Manson, Robert Morton (January 8, 1941)	93
Collins, James Love (February 1, 1941)	142	Nicholson, Joseph	43
Conger, Clyde Benson (December 18, 1940)	92	Pomeroy, John Larrabee (March 24, 1941)	236
Davis, Brett (May 12, 1941)	348	Puthoff, Thomas Eugene (May 15, 1941)	348
Dockweiler, Robert Reeve (February 21, 1941)	236	Rice, Carlton Herman (January 17, 1941)	142
Earel, Fred Elwell (February 12, 1941)	236	Riggin, Levi Lore (January 19, 1941)	142
Foster, Clarendon Atwood (March 13, 1941)	236	Ryan, Fred Short (December 1, 1940)	43
Fuller, Roy Newton (December 15, 1940)	92	Sharp, Robert G. (February 21, 1941)	237
Gaulden, Charles Lewis (March 3, 1941)	236	Shook, Francis Marion (December 27, 1940)	93
Hastreuter, Roland Frederick (February 28, 1941)	236	Smith, Dudley Almonte (April 24, 1941)	348
Holm, Edgar (March 9, 1941)	236	Tiffany, De Forrest Elmer (March 31, 1941)	287
Horton, Fred Lamberton (December 25, 1940)	92	Tillman, Tilton Edwin (December 5, 1940)	44
Juenemann, George Frederick (December 10, 1940)	43	Van Dalsem, William Stoddard (April 18, 1941)	348
Koford, Henning (February 15, 1941)	142	Voorhees, Harry Martyn (February 2, 1941)	142
Leimbach, John Herbert (December 1, 1940)	43	Waters, Pearl Suvilla (March 6, 1941)	237
Levison, Charles Gabriel (January 12, 1941)	92	Young, Frank B. (March 5, 1941)	237

(e) Woman's Auxiliary

Woman's Auxiliary to the California Medical Association	44, 93, 142, 237, 288, 348
---	----------------------------

(f) California Physicians' Service

California Physicians' Service	40, 94, 143, 238, 289, 349
--------------------------------------	----------------------------

IV

MISCELLANY—INDEX

Board of Medical Examiners of the State of California: Board Proceedings	252	Pay Clinics: Opinion of Attorney-General of California	359
News	52, 100, 152, 252, 298, 362	Physicians and Dentists' Symphony Orchestra in San Francisco	50
Letters: Change of Name: Insurance Association of Approved Hospitals	49	Physicians' Samples	296
County Health Officers: Opinion of Attorney-General of California	50	"Political Medicine" in Lieu of "Socialized Medicine"	51
Donations to "California Medical Association Needy Members Fund"	249	"Preventable Seasonal Suffering." Reprints of Article Prize Awards in the Scenario Contest (California Medical Association Committee on Public Health Education)	249
Essay Contest on Medical Subject	51	Psycho-analysis for Compensation	360
Lecturer on "Anatomy of the Head and Neck"	250	Refugee Physicians, Opportunities	50
Lecturer (C. A. de Vere) on "Anatomy of the Head and Neck"	49	Selective Service Act, Gratuitous Medical Service Examinations	246
Letters of Appreciation, Two	49	Splints for Infantile Paralysis Patients	358
Malpractice Suits Based on Claims of Prenatal Injuries	356	Sulfathiazole—Winthrop	248
Medical Reserve Officers, Hardships: A Letter with Queries	247	Tropical Medicine, Course at Columbia	249
Meeting of American College of Surgeons	49	Use of Electric Current by Cosmetologists	358
Meeting of American Prison Association	296	Western Association of Industrial Physicians and Surgeons	249
Meeting of the Western Branch, American Public Health Association	248	Medical Jurisprudence	51, 151, 296, 360
		News	45, 95, 145, 240, 291, 351
		Press Clippings	48, 98, 148, 243, 294, 352
		State Board of Medical Examiners	52, 100, 152, 252, 298, 362
		Twenty-Five Years Ago	52, 100, 152, 252, 298, 362

V

BOOKS RECEIVED AND BOOKS REVIEWED—INDEX

Books Received: January, adv. p. 14; February, adv. p. 14; March, adv. p. 14; April, adv. p. 14; June, adv. p. 14.	Books Reviewed: January, adv. p. 16; February, adv. p. 14; March, adv. p. 15; May, adv. p. 14; June, adv. p. 14.
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CONTENTS AND SUBJECT INDEX

EDITORIALS:

Medical Preparedness.....	1
Annual Session: Del Monte, May 5-8, 1941	2
Another Legislative Year.....	2
Postgraduate Activities.....	3

EDITORIAL COMMENT:

Failure of Nonviable Antirabic Vaccines. By W. H. Manwaring, Stanford Uni- versity	4
Endocavitary Aspiration of Tuberculous Pulmonary Cavities. By Edward Kupka, Olive View.....	5

SCIENTIFIC AND GENERAL:

Changing Conception of Coronary Artery Disease. By John J. Sampson, San Francisco	6
Fibroma of the Nasopharynx. By G. W. Walker and M. F. Stock, Fresno.....	10
Coccidioidomycosis. By Juliet E. Thorner, Bakersfield	12
Convulsive States: Their Differential Di- agnosis and Management. By Lucas W. Empey, Roseville.....	15
Progress in the Examination of Semen Relative to Fertility. By Lewis Michel- son, San Francisco.....	19
Eczema of Infancy and Early Childhood: Its Pediatric Management. By Craw- ford Bost, San Francisco.....	24

CLINICAL NOTES AND CASE REPORTS:

Epidural Air Injection: In Diagnosis of Spinal Canal Masses. By Henry M. Weber, Los Angeles.....	27
Hippocrates' Aphorisms. By M. Scholtz, Arcadia	27

STATE MEDICAL ASSOCIATION:

California Medical Association.....	28
Official Notices	28
Minutes of the Executive Committee Meeting, De- cember 13, 1940.....	29
Next Annual Session.....	30
Programs, Exhibits and Films Hotels at Del Monte	31
California Committee on Medical Preparedness.....	31
Committee on Postgraduate Activities.....	37
Committee on Public Health Education.....	39
C. M. A. Department of Public Relations.....	40
California Physicians' Service.....	40
Committee on Industrial Practice.....	41
Committee on History.....	41
Committee on Health and Public Instruction.....	42
County Societies	43
Woman's Auxiliary	44

MISCELLANY:

News	45
Letters	49
Medical Jurisprudence	51
Twenty-Five Years Ago.....	52
Board of Medical Examiners of the State of California	52
California Medical Directories.....Adv. pages 2, 4, 6	
Book Reviews	Adv. page 14

ADVERTISEMENTS:

Index.....	Adv. page 8
------------	-------------



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OPHTHALMOLOGY

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Vice-Speaker of House of Delegates—E. Vincent Askey, 2212 West Third Street, Los Angeles.	Past-President—Charles A. Dukes, 601 Wakefield Building, 426 Seventeenth Street, Oakland.	General Counsel—Hartley F. Peart, Room 1800, 111 Sutter Street, San Francisco.
Chairman of Council—Philip K. Gilman, 2000 Van Ness Avenue, San Francisco.		

Councilors

(In addition to the elected district and at-large Councilors, the Council has as ex officio members, the general officers and the Chairman of the Committee on Public Relations. Chairman of Council, Philip K. Gilman; Secretary, George H. Kress.)

District Councilors			
First District—Imperial, Orange, Riverside, San Bernardino and San Diego Counties, Calvert L. Emmons (1941), 206 Emmons Building, Ontario.	Fifth District—Monterey, San Benito, San Mateo, Santa Clara and Santa Cruz Counties, R. Stanley Kneeshaw (1942), 404 Medico-Dental Building, 241 E. Santa Clara Street, San Jose.	Ninth District—Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma and Trinity Counties, John W. Green (1943), Box 539, Vallejo.	
Second District—Los Angeles, Inyo and Mono Counties, George D. Maner (1942), 657 South Westlake Avenue, Los Angeles.	Sixth District—San Francisco County, John W. Cline (1943), 1020 Medico-Dental Building, 490 Post Street, San Francisco.	Councilors-at-Large	
Third District—Kern, San Luis Obispo, Santa Barbara and Ventura Counties, Louis A. Packard (1943), 563 Haferfelde Building, Bakersfield.	Seventh District—Alameda and Contra Costa Counties, Oliver D. Hamlin (1941), 389 Thirtieth Street, Oakland.	Sam J. McClendon (1942), 2654 Fourth Avenue, San Diego.	Edward B. Dewey (1943), Professional Building, 65 No. Madison Avenue, Pasadena.
Fourth District—Calaveras, Fresno, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare and Tuolumne Counties, Axel E. Anderson (1941), Medical Group Building, 1759 Fulton Street, Fresno.	Eighth District—Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo and Yuba Counties, Frank A. MacDonald (1942), 822 Medico-Dental Building, 1127 Eleventh Street, Sacramento.	Philip K. Gilman (1941), 2000 Van Ness Avenue, San Francisco.	E. Earl Moody (1941), 829 South Alvarado Street, Los Angeles.
		Elbridge J. Best (1942), 384 Post Street, San Francisco.	Dewey R. Powell (1943), Room 501, 242 No. Sutter Street, Stockton.

Standing Committees

Executive Committee		Committee on Publications	
The President, the President-elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Chairman of the Committee on Public Relations, the Past President, the Secretary-Treasurer, and the Editor. (Charles A. Dukes, chairman; George H. Kress, secretary.)		A. A. Alexander.....Oakland	1941
		Francis E. Toomey.....San Diego	1942
		George W. Walker.....Fresno	1943
		Secretary ex officio	
		Editor ex officio	
Auditing Committee		Committee on Public Policy and Legislation	
John W. Cline (Chairman).....San Francisco	1941	Dwight H. Murray (Chairman).....Napa	1941
Elbridge J. Best.....San Francisco	1941	T. Henshaw Kelly.....San Francisco	1942
Charles A. Dukes.....Oakland	1941	E. T. Remmen.....Glendale	1943
Members of the Auditing Committee are appointed each year by the Chairman of the Council.		President ex officio	
		President-Elect ex officio	
Committee on Associated Societies and Technical Groups		Committee on Scientific Work	
Edwin L. Bruck.....San Francisco	1941	J. Homer Woolsey.....Woodland	1941
Willard H. Newman.....San Diego	1942	Howard F. West.....Los Angeles	1942
John V. Barrow (Chairman).....Los Angeles	1943	Lemuel P. Adams.....Oakland	1943
Committee on Health and Public Instruction		E. Richmond Ware, Secretary of Section on General Medicine, ex officio	
Roy E. Thomas (Chairman).....Los Angeles	1941	Frank J. Breslin, Secretary of Section on General Surgery, ex officio	
William Dock.....San Francisco	1942	George H. Kress, Secretary of California Medical Association, (Chairman) ex officio	
J. C. Geiger.....San Francisco	1943	Committee on Public Relations	
Committee on History and Obituaries		The Committee on Public Relations consists of the chairmen of the following standing committees and of certain general officers of the Association, all serving ex officio. The chairman of the committee is Donald Cass, the secretary is Mr. John Hunton. The chairman of the Committee on Public Relations is ex officio a member of the Council.	
Frank R. Makinson (Chairman).....Oakland	1941	Roy E. Thomas.....Chair., Com. on Health and Public Instruction	
J. Marion Read.....San Francisco	1942	J. Norman O'Neill.....Chair., Com. on Hospitals, Dispensaries, Clinics	
Hyman Miller.....Los Angeles	1943	Donald Cass.....Chair., Com. on Industrial Practice	
Secretary ex officio		George G. Reinle.....Chair., Com. on Medical Defense	
Editor ex officio		George D. Maner.....Chair., Com. on Membership and Organization	
Committee on Hospitals, Dispensaries and Clinics		John H. Graves.....Chair., Com. on Medical Economics	
George I. Dawson.....Napa	1941	Dwight H. Murray.....Chair., Com. on Public Policy and Legislation	
J. Norman O'Neill (Chairman).....Los Angeles	1942	Charles A. Dukes.....Chair., Cancer Commission	
Benjamin W. Black.....Oakland	1943	Dwight L. Wilbur.....Chair., Com. on Postgraduate Activities	
Committee on Industrial Practice		Harry H. Wilson.....President of California Medical Association	
Morton R. Gihbons.....San Francisco	1941	Henry S. Rogers.....President-elect	
Donald Cass (Chairman).....Los Angeles	1942	George H. Kress.....Secretary-Treasurer	
George H. Sanderson.....Stockton	1943	Communications for the Public Relations Department should be addressed to the Director, George H. Kress, M. D., Room 2004, 450 Sutter Street, San Francisco.	
Committee on Medical Defense		Cancer Commission	
George G. Reinle (Chairman).....Oakland	1941	Orville N. Meland.....Los Angeles	1941
William J. Van Den Berg.....Sacramento	1942	A. Herman Zeiler.....Los Angeles	1941
Lewis T. Bullock.....Los Angeles	1943	Gertrude Moore.....Oakland	1941
Committee on Medical Economics		Clarence J. Berne (Sec. for Southern Section).....Los Angeles	1942
John H. Graves (Chairman).....San Francisco	1941	Alson R. Kilgore.....San Francisco	1942
L. W. Hines.....Santa Rosa	1942	Henry J. Ullmann.....Santa Barbara	1942
Edward C. Pallette.....Los Angeles	1943	Charles A. Dukes (Chairman).....Oakland	1943
Committee on Medical Education and Medical Institutions		Lyell C. Kinney (Vice-Chairman).....San Diego	1943
B. O. Raulston.....Los Angeles	1941	Otto H. Pflueger (Secretary).....San Francisco	1943
L. R. Chandler (Chairman).....San Francisco	1942	Communications for the Cancer Commission should be addressed to the Secretary, Otto H. Pflueger, M. D., 384 Post Street, San Francisco.	
Fred H. Kruse.....San Francisco	1943	Committee on Membership and Organization	
George D. Maner (Chairman).....Los Angeles	1941	George D. Maner (Chairman).....Los Angeles	1941
Dewey R. Powell.....Stockton	1942	A. J. Cooper.....San Diego	1943
A. J. Cooper.....San Diego	1943	Committee on Postgraduate Activities	
Committee on Postgraduate Activities		F. E. Clough.....San Bernardino	1941
H. E. Henderson.....Santa Barbara	1942	Dwight L. Wilbur (Chairman).....San Francisco	1943
Secretary ex officio			

(Roster lists of officers of scientific sections, component county societies, Woman's Auxiliary, A. M. A. delegates, special committees, etc., are continued on advertising pages 4 and 6.)

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In connection with postgraduate and other studies, the packet library facilities of the larger medical libraries of California may be mentioned. Letters regarding literature, etc., may be addressed to the librarians of the following institutions:

(Continued on Page 5)

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ROSTER OF COUNTY MEDICAL SOCIETIES, CALIFORNIA MEDICAL ASSOCIATION

(County society secretaries are requested to promptly notify "California and Western Medicine" when changes are indicated in their roster information.)

Alameda County Medical Association 2404 Broadway, Oakland President, John W. Sherrick, 350 Twentieth Street, Oakland. Secretary, Gertrude Moore, 2404 Broadway, Oakland. Meeting, <i>Third Monday, 8:15 p. m., Hunter Hall, Oakland.</i>	Merced County Medical Society President, William E. Fountain, 557 Seventeenth Street, Merced. Secretary, James A. Parker, Bank of America Building, Merced. Meeting, <i>Third Thursday, Hotel Tioya, Merced.</i>	San Mateo County Medical Society President, Carl D. Benninghoven, Mills Memorial Hospital, San Mateo. Secretary, Robert F. Monteith, 18 California Street, Redwood City. Meeting, <i>Fourth Wednesday, Benjamin Franklin Hotel, San Mateo.</i>
Butte-Glenn County Medical Society President, William W. Carey, 103 Hazel Street, Gridley. Secretary, J. O. Cbiapella, 131 Broadway, Chico. Meeting, <i>Second Thursday.</i>	Monterey County Medical Society President, James McPharlin, 8 East Alisal Street, Salinas. Secretary, R. D. Mace, 631 South Main Street, Salinas. Meeting, <i>First Thursday.</i>	Santa Barbara County Medical Society President, Henry J. Profant, 1421 State Street, Santa Barbara. Secretary, D. H. McNamara, 317 W. Pueblo Street, Santa Barbara. Meeting, <i>Second Monday, Cottage Hospital.</i>
Contra Costa County Medical Society President, R. J. P. Harmon, 314 Tenth Street, Richmond. Secretary, L. Abbott Hedges, 912 Macdonald Avenue, Richmond. Meeting, <i>Second Tuesday, 8:00 p. m.</i>	Napa County Medical Society President, Frank X. McGreane, Silverado Sanatorium, Calistoga. Secretary, M. M. Booth, Bruck Building, St. Helena. Meeting, <i>First Wednesday.</i>	Santa Clara County Medical Society President, A. J. Baiocchi, 369 South Third Street, San Jose. Secretary, Leon P. Fox, Ste. Claire Building, San Jose. Meeting, <i>Third Wednesday, 8:00 p. m., Medico-Dental Building, San Jose.</i>
Fresno County Medical Society President, Ray R. Dearborn, First National Bank Building, Madera. Secretary, J. E. Young, 405 Rowell Building, Fresno. Meeting, <i>First Tuesday, University-Sequoia Club, Fresno.</i>	Orange County Medical Society President, John A. Wood, 605 No. Los Angeles Street, Anaheim. Secretary, Glenn Curtis, 323 North Pomona Street, Brea. Meeting, <i>First Tuesday, 8:00 p. m., Chapel of the Orange County Hospital, Orange.</i>	Santa Cruz County Medical Society President, A. F. Giberson, Watsonville. Secretary, Samuel B. Randall, 84 Walnut Avenue, Santa Cruz. Meeting, <i>First Tuesday of each month (except June, July and August), 7:30 p. m., Club Rio del Mar, Aptos.</i>
Humboldt County Medical Society President, Lowell G. Kramar, 1049 Main Street, Fortuna. Secretary, Joseph S. Woolford, 350 E Street, Eureka. Meeting, <i>First Thursday.</i>	Placer-Nevada-Sierra County Medical Society President, Lucas W. Empey, Roseville. Secretary, Robert A. Peers, Colfax. Meeting, <i>At Call of President.</i>	Shasta County Medical Society President, Earnest Dozier, Redding. Secretary, Bertram L. Trelstad, 1536 Market Street, Redding. Meeting, <i>Second Monday.</i>
Imperial County Medical Society President, William A. Clarke, 132 Fifth Street, Holtville. Secretary, Claude F. Peters, 722 Main Street, El Centro. Meeting, <i>Third Tuesday, 7:00 p. m., Barbara Worth Hotel, El Centro.</i>	Riverside County Medical Society President, Thomas A. Card, 3616 Main Street, Riverside. Secretary, W. Philip Corr, 3616 Main Street, Riverside. Meeting, <i>Second Monday, 8:00 p. m., Library, Riverside Community Hospital.</i>	Siskiyou County Medical Society President, Charles Pius, Yreka. Secretary, Victor W. Hart, 113 No. Oregon Street, Yreka. Meeting, <i>Sunday on call.</i>
Inyo-Mono County Medical Society President, Lloyd S. Bambauer, 705 Home Street, Bishop. Secretary, Clarence L. Scott, 609 Elm Street, Bishop. Meeting, <i>Fourth Wednesday, Methodist Church, Bishop, except December, January, February.</i>	Sacramento Society for Medical Improvement President, Norris R. Jones, M. D., 1127 Eleventh Street, Sacramento. Secretary, Glenn E. Millar, 321 Physicians Building, Sacramento. Meeting, <i>Third Tuesday, 8:30 p. m., Auditorium, Sacramento.</i>	Solano County Medical Society President, H. Randall Madeley, 727 Sonoma Street, Vallejo. Secretary, John W. Green, Box 539, Vallejo. Meeting, <i>Second Tuesday, 8:00 p. m., Casa de Vallejo Hotel, Vallejo.</i>
Kern County Medical Society President, C. S. Compton, 428 C Street, Bakersfield. Secretary, Eric F. Colby, Hopkins Building, Bakersfield. Meeting, <i>Third Thursday, 8:00 p. m.</i>	San Benito County Medical Society President, J. M. O'Donnell, Hollister. Secretary, L. E. Smith, Hollister. Meeting, <i>At Call of President.</i>	Sonoma County Medical Society President, S. Z. Peoples, 159 Kentucky Street, Petaluma. Secretary, T. E. Albers, 600 B Street, Santa Rosa. Meeting, <i>Second Thursday.</i>
Kings County Medical Society President, P. K. Edmunds, Corcoran. Secretary, William A. Johnstone, Hanford. Meeting, <i>Second Monday, 8:00 p. m., Legion Hall, Hanford.</i>	San Bernardino County Medical Society President, Eugene H. Hull, San Bernardino. Secretary, A. E. Varden, Medico-Dental Building, San Bernardino. Meeting, <i>First Tuesday, 8:00 p. m., San Bernardino County Charity Hospital.</i>	Stanislaus County Medical Society President, Hoyt R. Gant, 1024 J Street, Modesto. Secretary, A. E. Ghilotti, 1024 J Street, Modesto. Meeting, <i>Second Friday, 7:30 p. m., Hotel Huyhson.</i>
Lassen-Plumas-Modoc County Medical Society President, W. B. McKnight, Portola. Secretary, Bernard S. Holm, Quincy. Meeting, <i>On Call.</i>	San Diego County Medical Society 1410 Medico-Dental Building, 233 A Street, San Diego President, Joseph Weinberger, Medico-Dental Building, 233 A Street, San Diego. Secretary, C. V. Bernardini, 1410 Medico-Dental Building, 233 A Street, San Diego. Meeting, <i>Second Tuesday, University Club.</i>	Tehama County Medical Society President, R. G. Frey, Red Bluff. Secretary, F. J. Bailey, Red Bluff. Meeting, <i>At Call of President.</i>
Los Angeles County Medical Association 1925 Wilshire Boulevard, Los Angeles President, Roy E. Thomas, 1136 W. Sixth Street, Los Angeles. Secretary, L. A. Alesen, 1925 Wilshire Boulevard, Los Angeles. Meeting, <i>First and Third Thursdays, 1925 Wilshire Boulevard, Los Angeles.</i>	San Francisco County Medical Society 2180 Washington Street, San Francisco President, Harold A. Fletcher, 490 Post Street, San Francisco. Secretary, L. Henry Garland, 2180 Washington Street, San Francisco. Meeting, <i>Every Tuesday, 8:15 p. m., 2180 Washington Street, San Francisco.</i>	Tulare County Medical Society President, Ray E. Cronemiller, 160 South E Street, Exeter. Secretary, Forrest G. Powell, 222 W. Willow Street, Visalia. Meeting, <i>Sunday Evening once a month.</i>
Marin County Medical Society President, Wilson P. Goddard, 308 Throckmorton Street, Mill Valley. Secretary, Carl W. Clark, 1010 B Street, San Rafael. Meeting, <i>Fourth Thursday, Deer Park Villa, Fairfax.</i>	San Joaquin County Medical Society President, Hugh J. Bolinger, Farmers and Merchants Bank Building, Lodi. Secretary, George H. Rohrbacher, 1005 Medico-Dental Building, Stockton. Meeting, <i>First Thursday, 8:15 p. m., Medico-Dental Club Rooms, Stockton.</i>	Ventura County Medical Society President, James W. Moore, 23 S. California Street, Ventura. Secretary, Robert K. Harker, 132 Fourth Street, Oxnard. Meeting, <i>Second Tuesday, Ventura County Country Club.</i>
Mendocino-Lake County Medical Society President, Royal Scudder, 123 Laurel Street, Fort Bragg. Secretary, Otto L. Gericke, Mendocino State Hospital, Talmage. Meeting, <i>on Call.</i>	San Luis Obispo County Medical Society President, F. W. Yocom, 732 Thirteenth Street, Paso Robles. Secretary, E. M. Bingham, County Health Department, San Luis Obispo. Meeting, <i>Third Saturday, 6:30 p. m., Gold Dragon Cafe, San Luis Obispo.</i>	Yolo County Medical Society President, Edwin K. Copeland, 405 First Street, Woodland. Secretary, Wilfred T. Robbins, 719 Second Street, Davis. Meeting, <i>First Wednesday.</i>
		Yuba-Sutter-Colusa County Medical Society President, Romaine B. Whitney, Plumas Street, Yuba City. Secretary, Leon M. Swift, 1. O. O. F. Building, Marysville. Meeting, <i>First Tuesday.</i>

(Roster lists continued on advertising page 6)

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(Continued from Page 3)

University of California Medical Library, Medical Center, San Francisco.
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Nonprofit Hospitalization Corporations

In California, the three nonprofit hospitalization corporations named below are in operation:

Hospital Service of California, 333 Pine Street, San Francisco; 675 East Santa Clara, San Jose; 364 Fourteenth Street, Oakland.

Associated Hospital Service of Southern California, 1151 South Broadway, Los Angeles.

Intercost Hospitalization Insurance Association, 1127 "J" Street, Sacramento.

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Anesthesiology Chairman, Charles F. McCuskey, 1561 Puebla Drive, Glendale. Secretary, Karollna B. Jump, Mills Memorial Hospital, San Mateo.	General Surgery Chairman, George K. Rhodes, 430 Medico-Dental Bldg., 490 Post St., San Francisco. Secretary, Frank J. Breslin, 1930 Wilsbire Boulevard, Los Angeles. Assistant Secretary, Theodore C. Lawson, 3135 Webster Street, Oakland.	Pathology and Bacteriology Chairman, John W. Budd, 2131 West Tbird Street, Los Angeles. Secretary, Roy W. Hammack, 657 South Westlake Boulevard, Los Angeles. Assistant Secretary, Jesse L. Carr, University of California Hospital, San Francisco.
Dermatology and Syphilology Chairman, H. J. Templeton, 3115 Webster Street, Oakland. Vice-Chairman, H. P. Jacobson, 2007 Wilsbire Boulevard, Los Angeles. Secretary, Frances A. Torrey, University of California Hospital, San Francisco.	Industrial Medicine and Surgery Chairman, John S. Stephens, 103 Medical Office Bldg., 1136 W. 6th St., Los Angeles. Vice-Chairman, Wilbur J. Cox, 450 Sutter Street, San Francisco. Secretary, John D. Ball, 414 Spurgeon Building, Santa Ana.	Pediatrics Chairman, William W. Belford, 601 Medico-Dental Building, 233 A Street, San Diego. Secretary, J. J. Miller, Jr., Stanford University School of Medicine, 2398 Sacramento Street, San Francisco. Assistant Secretary, Louis M. Earle, 6381 Hollywood Boulevard, Los Angeles.
Eye, Ear, Nose and Throat Chairman, Harry J. Wiley, 2701 Florence Street, Huntington Park. Vice-Chairman, Ferris L. Arnold, 923 Security Building, Long Beach. Secretary, Warren D. Horner, 490 Post Street, San Francisco.	Neuropsychiatry Chairman, R. B. Rane, 1234 Roosevelt Building, 727 West 7th St., Los Angeles. Secretary, James A. Cutting, Agnew State Hospital, Agnew.	Radiology Chairman, Carl H. Parker, 65 No. Madison Avenue, Pasadena. Secretary, Wilbur Bailey, 2007 Wilsbire Boulevard, Los Angeles. Assistant Secretary, J. M. Robinson, 372 Funston Avenue, San Francisco.
General Medicine Chairman, Russel V. Lee, 300 Homer Avenue, Palo Alto. Vice-Chairman, Garnett Cheney, 703 Shreve Building, 210 Post Street, San Francisco. Secretary, E. Richmond Ware, 416 Wilsbire Medical Building, 1930 Wilsbire Boulevard, Los Angeles.	Obstetrics and Gynecology Chairman, William Benbow Thompson, 1105 Equitable Building, 6253 Hollywood Boulevard, Los Angeles. Vice-Chairman, C. F. Fluhmann, Stanford Medical School, 2398 Sacramento Street, San Francisco. Secretary, Norman H. Williams, 415 North Camden Drive, Beverly Hills.	Urology Chairman, Lyle G. Craig, 65 North Madison Avenue, Pasadena. Secretary, Edward W. Beach, 306 Medico-Dental Bldg., 1127 11th St., Sacramento.

California Medical Association Delegates and Alternates to the American Medical Association

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Woman's Auxiliary to the California Medical Association

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Miscellaneous California Medical Organizations

Department of Public Health of the State of California San Francisco—603 Phelan Building, 760 Market Street, San Francisco; Underhill 8700. Sacramento—State Office Building, Tenth and L streets, CApital 2800. Los Angeles—State Office Building, 217 West First Street, MAdison 1281. President, Elmer Belt, Los Angeles. Director, Bertram P. Brown, State Building, San Francisco.	Board of Medical Examiners of the State of California San Francisco, Rm. 214, 515 Van Ness Ave. Los Angeles, 906 State Building. Sacramento, Business and Professional Bldg., 1020 N Street. President, William R. Molony, Sr., Los Angeles. Secretary, C. B. Pinkham, Room 214, 515 Van Ness Avenue, San Francisco. Southern California Medical Association President, John C. Ruddock, 1930 Wilsbire Boulevard, Los Angeles. Secretary, John B. Doyle, 501 Wilsbire Medical Building, 1930 Wilsbire Boulevard, Los Angeles.	The Public Health League of California Executive Secretary, Ben H. Read, San Francisco office, 244 Kearny Street, phone SUTter 8470. Los Angeles office, Room 563, 1151 South Broadway, phone PRo-nect 5711. California State Department of Employment Headquarters Office: 1025 P Street, Sacramento; telephone Capitol 2800. Los Angeles Office: 1123 South Hill Street, telephone Richmond 4181. San Francisco Office: 154 Sansome Street, telephone EXbrook 5656. Competent personnel available through these offices. If in need of an office assistant, registered nurse, or office nurse, call the nearest office of the California Department of Employment.
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Four Hundred Thousand Widows Each Year.—Every year about 400,000 wives in the United States become widows. This figure is based on the official statistics for the three-year period 1936-1938. More instructive would be a series of figures showing the annual accession of widows at successive ages, since the particular problems faced by these women vary materially according to their age. A woman becoming a widow at 20 faces a very different situation from that which confronts a woman of 40 or of 60 who loses her husband.

Obviously, at no age are women entirely free from the problems of widowhood. Thus, it will be seen that even at ages under 20 somewhat more than 2,000 wives become widows in the United States in the course of a calendar year. In the age group 30 to 34 years, practically ten times that number of wives each year—that is, more than 20,000—lose their husbands by death. At successive ages the numbers thus becoming widowed increase up to the age group 55 to 59, with a maximum of 50,500 new widows each year. Beyond this age the figures are still large, but naturally diminish because the population at these higher ages is thinned out.

The average age of widows at the death of their husbands is somewhat less than 55 years, and practically one-quarter of them—that is, about 100,000—are at ages under 45. It is in this group of women, at or below midlife, that the widowhood problem is most serious, for it is here that the great majority of mothers with dependent children are found. As a matter of fact, these young widows will have in their care the greater part of the approximately 220,000 children under 16 who become orphaned by the death of the father within the course of a year. The economic stresses associated with widowhood are then at their height, and it is particularly these younger widows, and their chil-

dren, who are most in need of the benefits and protections afforded by life insurance as it is practiced in the United States and Canada.

The problem of taking care of dependent children will still, in many cases, arise even for women becoming widowed at about midlife—say in the age group 45 to 54. The stringencies in these cases, however, will on the whole be less acute than for younger widows, since the children will be older and nearing the age where they can take care of themselves. Among the 100,000 wives who become widowed after midlife is past, at ages 55 to 64, there will, of course, be very few with dependent children, and here the principal problem is that of self-support for the widow.

At ages higher than 65 another 100,000 wives are widowed annually. These women, for the most part, will not be in a position to support themselves by their own efforts and present still another problem on that account. Their remaining years of life are not very many. Thus, women at age 65 have an expectation of life of 13 years; at age 70, it is only 10 years; at age 75, there are only 7½ years of life remaining. For this situation, it is apparent that only by systematic saving and insurance during the lifetime of the husband, will means be made available to support the wife during her widowhood according to the standards of living to which she had been accustomed.

In widowhood the situation is most critical and most far-reaching in its effects on women who become widowed rather early in life, at a time when they have young children. Here it is doubly important that due provision shall be made, not only for the mother, but for the children, so that these may have an opportunity to develop their inherent capacities, to become useful and competent members of the social body, for their own advantage and that of the community.

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Alphabetical List of ADVERTISERS

	PAGE
Acousticon Institute	36
Alexander Sanatorium	40
Alum Rock Sanatorium	9
American Can Company	31
Arrowhead Springs Hotel and Spa	20
Baxter, Inc., Don	11
Bolin, M. D., Zera E., Pathological Service	22
Borden Company, The	39
Broemmel's Pharmaceuticals	3
Butler Building	5
Butler Manor Rest Home	38
California Sanatorium	34
Calso Water Company	42
Ciba Pharmaceutical Products, Inc.	35
Classified Advertisements	12
Colfax School for the Tuberculous	44
Compton Sanitarium and Las Campanas Hospital	36
Cook County Graduate School of Medicine	9
Crocker First National Bank	42
Cutter Laboratory	4 Cover
Davis Company, R. B.	25
Doctors' Business Bureau	2 Cover
French Hospital	16
Greens' Eye Hospital	2 Cover
Hotel Sir Francis Drake	8
Hynson, Westcott & Dunning, Inc.	10
Ingram Laboratories, Inc.	44
Jenkel-Davidson Optical Company	15
King Ambulance Company	38
La Loma Feliz	12
Las Encinas Sanitarium	36
Lederle Laboratories, Inc.	23
Lilly & Company, Eli	32
Lincoln & Ulmer, Inc.	28
Livermore Sanitarium	14
Los Angeles Tumor Institute	15
Luzier's	38
M. & R. Dietetic Laboratories, Inc.	17
Mead Johnson & Company	37
Medical Protective Company, The	20
Morning Milk Company	1
New York Polyclinic Medical School and Hospital	9
Noble Placement Agency	12
Officers of the California Medical Association	2, 4, 6
Officers of Miscellaneous Medical Associations	6
Owl Drug Company, The	26
Park Sanitarium	30
Parke, Davis & Company	19
Petrolagar Laboratories, Inc.	29
Philip Morris & Company, Inc.	3 Cover
Physicians' Casualty Association and Physicians' Health Association	22
Physicians' Formula Cosmetics, Inc.	38
Pottenger Sanatorium	34
Riggs Optical Company	3
St. Francis Hospital	30
St. Luke's Hospital	35
St. Mary's Hospital	10
Sanitube Company, The	40
Sharpe & Dohme	21
S. M. A. Corporation	13
Smith, Kline & French	33, 43
Squibb & Sons, E. R.	41
Stacey, J. W., Medical Books	15
Stuart Oxygen Company	18
Summit Medical Building	15
Twin Pines	10
Upjohn Company, The	27
Vitamin Food Company, Inc.	24
Wyeth & Brother, Inc., John	7
Yates Reporting Service	12

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Refutes Statement That Osteopaths and Physicians Have Same Rights.—"In Life, which is a picture magazine, for August 19, appears an article entitled 'Osteopathy's "Cure-By-Manipulation" Is Attacked by Regular Physicians.'" *The Journal of the American Medical Association* states. "Here a small amount of text is supplemented by a number of photographs, evidently made in or supplied through the osteopathic shrine at Kirksville, Missouri, known as the Kirksville College of Osteopathy and Surgery. In the very brief text which accompanies the picture appear a number of misstatements of fact which, it is not too confidently expected, the magazine may correct. Many of these misrepresentations have been repeatedly exposed in *The Journal*. In the second paragraph of the article, for example, appears this statement:

"In thirty-three states qualified doctors of osteopathy are permitted to practice on equal or almost equal footing with doctors of medicine. Osteopaths can and do deliver babies, perform surgery, prescribe drugs and take full charge of patients."

"The facts are that in only four states (Colorado, Massachusetts, New Hampshire, and Texas) for certain, and perhaps in a fifth (Kentucky), may osteopaths now legally prescribe or dispense drugs without restriction. This is true in the first four states mentioned because in those states osteopathic applicants, if licensed at all, must meet the requirements exacted of applicants to practice medicine generally. To this list may be added, after November 1, 1941, a sixth state (New Jersey), where osteopaths licensed after that date will be subject to the same requirements as nonsectarian applicants and will receive an unlimited license to practice medicine.

"Experience has shown that few osteopaths indeed are able to meet the requirements exacted of applicants to

(Continued on Next Page)

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(Continued from Preceding Page)

practice medicine generally. In twelve states osteopaths are given limited right to use certain drugs, the drugs concerned varying in the various states. In eight states osteopathic licentiates generally may not use drugs, but the laws contain provisions whereby osteopaths may, under certain conditions, obtain licenses by virtue of which they may use drugs, the law of one of these states even then permitting the use only of a very limited number of drugs. In eight states osteopaths are specifically denied the right to use drugs. In nine states osteopaths secure licenses only to practice osteopathy, without defining the scope of the practice permitted, but no court has ever held that the right to practice osteopathy includes the right to use drugs. In seven states osteopaths are licensed to practice osteopathy as taught in recognized schools of osteopathy which, in effect, denies them the use of drugs, and the Supreme Court of Kansas has recently held that the right to practice osteopathy as taught and practiced in recognized schools of osteopathy confers no right on osteopaths to practice operative surgery or to use remedial drugs.

"To summarize: In twenty-four states osteopaths legally cannot under any circumstances use drugs. In eight states, by far, the greatest number of osteopaths cannot use drugs, but it is possible for candidates possessing stated qualifi-

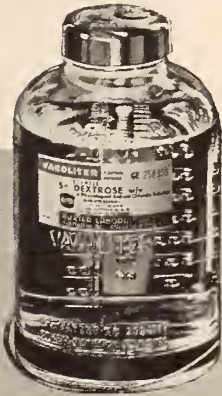
cations to obtain that right. In twelve states osteopaths may utilize stated drugs to a limited extent. Only in five states, probably, may osteopaths use drugs without restriction. Obviously, then, from the standpoint of the right to use drugs, which an osteopath must possess if he is 'to practice on equal or almost equal footing with doctors of medicine,' the article in *Life* is, to put it charitably, indulging in gross exaggeration when it states 'In thirty-three States qualified doctors of osteopathy are permitted to practice on equal, or almost equal, footing with doctors of medicine.'"

Medical Services Are Necessities.—"In the opinion of the appellate department, superior court, Los Angeles County California," *The Journal of the American Medical Association* reports, "medical services are necessities of life within the meaning of a California statute (Code of Civil Procedure, Section 690.11), which provides that when a judgment is based on a necessary of life the judgment creditor may execute on up to one-half of all wages earned by the judgment debtor."

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1. Dornbush, A. C., Peterson, W. H., and Olson, F. R.: "The Carotene and Vitamin A Content of Market Milks." J.A.M.A., May 4, 1940, pp. 1748-1751.

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BOOK REVIEWS

BOOKS RECEIVED

The New International Clinics. Original Contributions: Clinics; and Evaluated Reviews of Current Advances in the Medical Arts. Edited by George Morris Piersol, M. D., Professor of Medicine, Graduate School of Medicine, University of Pennsylvania, Philadelphia, Pa. With the Collaboration of Francis Gilman Blake, M. D., Yale University, New Haven; Russell L. Cecil, M. D., Cornell University, New York; Vernon C. David, M. D., Rush Medical College, Chicago; Nicholson Joseph Eastman, M. D., Johns Hopkins University, Baltimore; Karl Musser Houser, M. D., University of Pennsylvania Hospital, Philadelphia, Pa.; William John Kerr, M. D., University of California, San Francisco; John W. McNee, M. D., D. S. O., University College Hospital, London; Jonathan C. Meakins, M. D., McGill University, Montreal; George Richards Minot, M. D., Harvard University; John Walker Moore, M. D., University of Louisville, Louisville; John Herr Musser, M. D., Tulane University, New Orleans; Lewis J. Pollock, M. D., Northwestern University, Chicago; Isidor S. Ravdin, M. D., University of Pennsylvania, Philadelphia; Borden Smith Veeder, M. D., Washington University, St. Louis; George Barclay Wallace, M. D., New York University, New York; Russell M. Wilder, M. D., Mayo Foundation, Rochester; Alan C. Woods, M. D., Johns Hopkins University, Baltimore. Volume IV, New Series Three. Cloth. Pp. 326. Philadelphia, Montreal, New York: J. B. Lippincott Company, 1940.

The 1940 Year Book of Pathology and Immunology. Pathology Edited by Howard T. Karsner, M. D., Professor of Pathology, Director of the Institute of Pathology, Western Reserve University, Cleveland. Immunology Edited by Sanford B. Hooker, A. M., M. D., Professor of Immunology, Boston University School of Medicine; Member, Evans Memorial for Clinical Research and Preventive Medicine;

Immunologist, Massachusetts Memorial Hospitals. Cloth. Pp. 688. 304 South Dearborn Street, Chicago: The Year Book Publishers Incorporated.

Handbook of Hearing Aids. By A. F. Niemoeller, A. B., M. A., B. S. Author of "The Complete Guide for the Deafened," etc. Foreword by Harold Hays, M. D., F. A. C., author of "The Modern Conception of Deafness," etc. Cloth. Price, 93. Pp. 156. New York: Harvest House, 1940.

Foreign Bodies Left in the Abdomen. The Surgical Problems Cases, Treatment, Prevention. The Legal Problems Cases, Decisions, Responsibilities. By Harry Sturgeon Crossen, M. D., School of Medicine, Washington University, and David Frederic Crossen, LL.B., School of Law, Washington University, St. Louis, Mo. With 212 illustrations including four color plates. Cloth. Pp. 762. St. Louis: The C. V. Mosby Company, 1940.

Vitamins. What They Are and How They Can Benefit You. By Henry Borsook, Ph. D., M. B., Professor of Biochemistry, California Institute of Technology. Cloth. Pp. 193. New York: The Viking Press, 1940.

Methods of Treatment. By Logan Clendening, M. D., Clinical Professor of Medicine, Medical Department of the University of Kansas; Attending Physician, University of Kansas Hospitals, and Edward H. Hashinger, A. B., M. D., Clinical Professor of Medicine, Medical Department of the University of Kansas; Attending Physician, University of Kansas Hospitals; Attending Physician, St. Luke's Hospital, Kansas City, Mo. With Chapters on Special Subjects by J. B. Cowherd, M. D.; Leland F. Glaser, M. D.; Thomas B. Hall, M. D.; John S. Knight, M. D.; H. P. Kuhn, M. D.; Paul H. Lorhan, M. D.; F. C. Neff, M. D.; Don Carlos Peete, M. D.; Carl O. Rickett, M. G.; E. H. Skinner, M. D.; O. R. Withers, M. D.; and Lawrence E. Wood, M. D. Seventh Edition. Cloth. Pp. 997. St. Louis: The C. V. Mosby Company, 1941.

The 1940 Year Book of Industrial and Orthopedic Surgery. Edited by Charles F. Painter, M. D., Orthopedic Surgeon to the Massachusetts Women's Hospital and Beth Israel

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—Physicists

Hospital, Boston. Cloth. Pp. 484. 304 South Dearborn Street, Chicago: The Year Book Publishers, Incorporated.

A Family Doctor's Notebook. By I. J. Wolf, M. D., Professor of Medicine, Emeritus, The University of Kansas School of Medicine. Cloth. Price, \$2. Pp. 315. New York: Fortuny's, 1940.

Surgical Anatomy of the Head and Neck. By John Finch Barnhill, M. D., F. A. C. S., LL.D., Formerly Professor of Otolaryngology in the Indiana University School of Medicine; Emeritus Professor of Surgery of the Head and Neck; Formerly Chief of the Department of Head and Neck Surgery in the Indiana University Hospitals; Honorary Professor of Anatomy, University of Southern California School of Medicine; Member of the American Laryngological Association; the American Laryngological, Rhinological and Otolological Society; the American Otolological Society; the American Academy of Ophthalmology and Otolaryngology, Past Chairman of Section on Otolaryngology, the American Medical Association; Past President of the American Laryngological, Rhinological and Otolological Society; and of the American Academy of Ophthalmology and Otolaryngology. Honorary member of many Special and Scientific Societies; and William J. Mellinger, M. D., Associate Professor of Anatomy, University of Southern California School of Medicine. Chief of Department of E. E. N. T., Cottage Hospital, Santa Barbara. Otolaryngologist, Santa Barbara General and St. Francis Hospitals, Santa Barbara. Member of the American Laryngological, Rhinological and Otolological Society; American Academy of Ophthalmology and Otolaryngology; The American Medical Association; Los Angeles Society of Ophthalmology and Otolaryngology; Pacific Railway Surgeons. Introduction by Paul S. McKibben, Professor of Anatomy in the School of Medicine, University of Southern California. Second Edition. Rearranged and Revised with many new illustrations, several in colors. Cloth. Pp. 773. Price, \$15. Baltimore: The Williams & Wilkins Company, a William Wood Book, 1940.

Heart Patients. Their Study and Care. By S. Calvin Smith, M. D., Sc. D., Formerly Special Heart Examiner for the Surgeon-General's Office during the World War at Home and Abroad; Author of "Heart Affections: Their Recognition and Treatment," etc. Cloth. Pp. 166. Price, \$2. Philadelphia: Lea & Febiger, 1939.



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BOOK REVIEWS

Men at Their Worst. By Leo L. Stanley, M. D., Chief Surgeon, California State Prison, San Quentin. With the Collaboration of Evelyn Wells. Illustrated. Cloth. Price, \$3.00. Pp. 322. D. Appleton-Century Company, Incorporated: New York, London, 1940.

"Men at Their Worst" by Leo L. Stanley, M. D., is a book, the perusal of which is worth the while by every physician who has let his thoughts wander, while he pondered concerning the causation, prevention and cure of crime. To the many members of the California Medical Association who have had the pleasure of acquaintance or friendship with Doctor Stanley—who, by the way, has always maintained an active interest in organized and scientific medicine, both in its local and state expressions—this volume in which are portrayed much of the author's professional life and contacts with some forty thousand prisoners in the period 1913-1940, during which he has been chief surgeon of the California State Prison at San Quentin, on the east side of San Francisco Bay—his story takes on a special and vivid character. Many members of the medical profession in California have had the privilege of going through San Quentin Prison; and to those others who have had experience in state or local institutions in need of better hospital buildings and equipment, the narrative of Doctor Stanley's efforts to maintain proper standards of scientific medicine in this largest of the world's prisons, will have particular appeal.

Doctor Stanley took up his work in 1913 (the prison population at that time consisted of 1,910 men and women) and in these overcrowded buildings with now an inmate population of more than 5,500—housed in structures with quarters designed for only one-half that number—it fell to his lot to practically examine every one of the 40,000 prisoners; and to certify to the causes of death of more than 1,000 who died while in prison, and of the latter group, to be present at, and officially pronounce the death of almost all of those upon whom the State had inflicted the death penalty for crimes committed.

California physicians who, over the years, have known Doctor Stanley, will find many paragraphs concerning his task which, in the periods when he was thrown on his own resources, he was obliged to work out ways and means on

how he would be able to meet his responsibilities to best advantage. Thus, in the years immediately following 1913, when Doctor Stanley was the lone physician of the prison, with a nonmedical inmate to give general anesthesia for patients with major injuries, he turned to spinal anesthesia, performing up to the year 1940 some five thousand major operations, in all of which, with the exception of two hundred, the spinal technique was used! His mortality record in its use? Only three deaths: two, in patients with hopeless conditions; and the third through improper dosage recommended by a drug salesman.

California's reduction of morbidity and mortality due to tuberculosis is well known. The description of the wards in which the prisoners suffering from tuberculosis were housed in 1913, unfortunately had their counterparts in more than one of the state's county hospitals. Happily, those days and conditions, in both San Quentin and outside, are now of the past.

In California, more sterilizations have been done than in any other state of the Union. San Quentin has played a large rôle in this procedure, vasectomies having been done for more than six hundred of the inmates, practically all by voluntary request; the California statutes for compulsory sterilization being so complicated as to be practically worthless. Among two hundred persons who were asked to give reasons for their sterilization request, the answers were: Do not want children or more children, 67; to improve health, 35; because of being a convict, 13; have or have had syphilis, 13; have or have had gonorrhea, 8. One of the prisoners who applied for sterilization was "Blue-beard" Watson, he, who had twenty-two wives, murdering many.

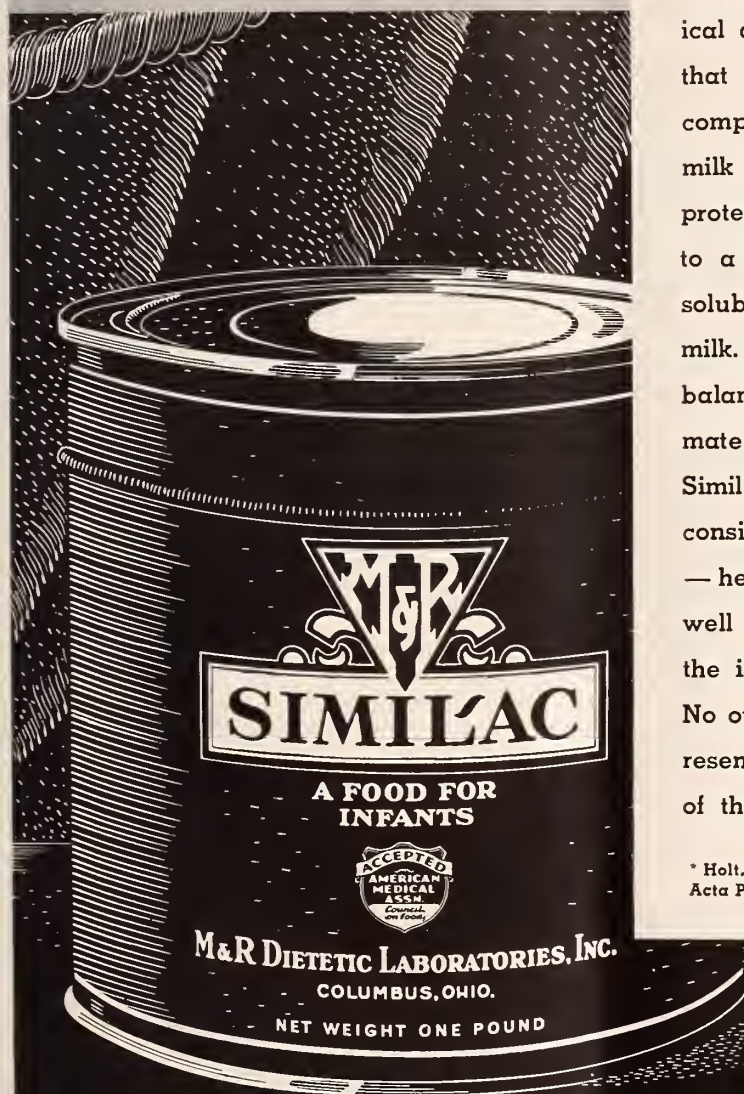
In his studies concerning gland therapy in relation to criminal motivations, which he commenced in 1918, the author felt that a prison in which the patients were made to lead absolutely routine lives as regards diet, and hours of sleep and labor should offer special advantages for observations, from which some conclusions might be drawn. In spite of unfortunate circumstances and publicity, related in entertaining manner, Doctor Stanley continues to believe that much is yet to be learned concerning the therapeutic value of the ductless glands.

(Continued on Page 18)

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BOOK REVIEWS

(Continued from Page 16)

The chapter on "plastic surgery" is likewise intriguing. It was interesting, for instance, to read the description regarding the repair of misshapen noses, with instruments consisting of a padded portion of broomstick, a mallet and a replacement director.

Concerning death by hanging, Doctor Stanley states: "It is a bad and ugly death. I have known men to be alive after fifteen minutes of strangulation. It seemed to many of us that we should find an easier way of terminating life than the primitive one employed in the fifties by the Vigilance Committee." But concerning the nine recent deaths in San Quentin's chamber, with lethal gas (hydrocyanic gas) the author writes: "It is not an easy way to die. It is a terrible strain upon those who must officiate."

Much more could be written of the interesting facts and philosophies which Doctor Stanley has incorporated in his book of 322 pages. The volume is a valuable addition to sociologic and also to medical literature, and members of the medical profession in California who purchase the volume are almost certain to feel well repaid for their investment. It is one of those books, hard to lay aside, until read from cover to cover.

G. H.

Electrotherapy and Light Therapy. By Richard Kovacs, M. D., Clinical Professor of Physical Therapy, New York Polyclinic Medical School, consultant in other New York hospitals. Pp. 744, illustrated with 307 engravings. Price \$7.50. Philadelphia: Lea and Febiger, 1938.

The third edition of this very informative text has been thoroughly revised. The introductory chapters on Fundamental Electrophysics while sacrificing nothing in detail or principles, are very lucid, unusually well illustrated, and really interest stimulating. These chapters make one appreciate that electrotherapy is based on very definite scientific facts and not merely on instruments of "self-deluded enthusiasts."

Diathermy, a now widely used form of therapy, is interestingly covered from the older spark-gap type of apparatus down to the latest high-frequency oscillator tube ma-

chines. One of the really fine points of this book, as illustrated in the new chapters on short-wave diathermy, is the presentation, not only of the clinical indications for therapy, but most important, the contraindications and dangers of short-wave diathermy. Some enthusiastic writers often omit discussing limitations of treatments or methods they advocate.

The use of hyperpyrexia, especially by electric methods, is an informative chapter. Electrosurgery is given in excellent detail. A third portion of this text is devoted to principles and use of light therapy, the use of radiant energy. Local heat, radiation, natural sources of light, and artificial ultraviolet therapy are carefully outlined. The fourth part of the book is most helpful in detailed advice on actual clinical application of electric and radiant energy.

—J.M.M.

Manual of Medical and Surgical Emergencies. Edited by J. C. Geiger, M. D., Director, Department of Public Health, City and County of San Francisco, California. Cloth. Pp. 199. Price, \$2.50. San Francisco: J. W. Stacey, Inc., 1940.

Director of the Department of Public Health, City and County of San Francisco, J. C. Geiger, M. D., is never-ending in his activities. Not content with routine duties, he utilizes spare moments by letting his pen carry to others his thoughts on public health and associated work. In assuming these self-imposed tasks, he has been fortunate in securing the cooperation of the physicians with whom he works. Thus, in the "Manual of Medical and Surgical Emergencies," recently brought off the press by J. W. Stacey, Inc., San Francisco, he received contributions to the text of the volume from fifty-four specialists who have been affiliated with the service of the San Francisco Emergency Hospital. The 199 pages, comprising the volume, are given over to three major divisions: (1) General Considerations; (2) Medical Emergencies; and (3) Surgical Emergencies. Effort is made, throughout, to present the subject matters discussed in exact and yet practical manner.

The advances made in emergency practice are portrayed in a foreword by Alanson Weeks, M. D., who not only relates some of the unhappy procedures in vogue in former years, but tells how Health Director Geiger has been able to

(Continued on Page 20)

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BOOK REVIEWS

(Continued from Page 18)

develop the San Francisco Emergency Hospital service into the organization now operating in such excellent manner.

The volume is worthy of a place on the book shelf of all physicians doing emergency practice, and should be of special interest to members of the medical profession in California.

Syphilis. By Forest R. Moulton. Publication No. 6. American Association of Science.

This book is a symposium on syphilis, organized by the Section on Medical Sciences of the American Association for the Advancement of Science. All of the articles have been written by eminent experts on the subjects discussed. The entire subject of syphilis is covered in the articles. The information included in it constitutes a valuable summary of present-day knowledge of the subject.

Those individuals interested in the history of the origin of syphilis will find an excellent article by Dr. William Allen Pusey, giving the case for the American origin of syphilis, and one by Dr. Redmond C. Holcomb, giving the controversial point of view. Whether yaws is or is not identical with syphilis is ably discussed by Dr. Charles S. Butler and Dr. Howard Fox. If one is interested in the problems of immunity and pathology of syphilis, one can turn to the chapters written by Doctors Kemp and Michelson. There are articles on the clinical diagnosis of syphilis as well as on the practical management of such common complications and features, as pregnancy, central nervous system syphilis, and cardiovascular syphilis. For the individual concerned with the laboratory aspects of the disease, excellent articles are presented dealing with chemotherapy, serologic reactions, precipitation tests, etc. And, finally, the articles on "Syphilis Control" and "Syphilis—A Public Health Problem," by Doctors Udo J. Wile and Thomas Parran, bring one up to date on these interesting present-day subjects.

The following is a short summary of one of the articles dealing with present-day research in one of the aspects of syphilis:

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On the spirochaeticidal action of the arsphenamins on *spirochaeta pallida in vitro*—Eagle and Mundelsohn—Johns Hopkins:

The authors remind us of the general belief at the present time that the arsphenamins exert no direct action on the *spirochaeta pallida in vitro*. They cite the experiments of such investigators as Plant, Truffi, Sabbia, and Lee, in support of such belief.

Plant (1910) found that concentrations of arsphenamin as high as 1-20 required more than four hours to inhibit motility of the *spirochaeta pallida* and that dilutions of 1-50,000 had no effect on them in twenty-four hours. Truffi and Sabbia (1911) reported that *spirochaeta pallida* obtained from human beings remained actively motile in dilutions of 1-500 of neutralized arsphenamin after twenty-four hours. Lee found that *spirochaeta pallida* were still mobile after twelve hours of exposure to 1-130 dilutions of arsphenamin. In general, the investigators observed that when tissue cells—as liver, spleen, etc.—were added to the arsphenamin spirochaetal mixtures, immediate immobilization and coagulation of the organisms occurred.

The authors' experimental data is at variance with this generally accepted thesis. They found that arsphenamin in concentrations comparable to those obtained in the animal body after their therapeutic administration immobilized and killed pathologic *spirochaeta pallida in vitro*. They used a suspension of *spirochaeta pallida* in a cell-free testicular extract: A given amount of this mixed with an equal amount of a neutralized 1-1,000 dilution of arsphenamin resulted in a complete immobilization of the *spirochaetas* in thirty minutes. If greater dilutions were used, the immobilization was proportionately slower. That these immobilized organisms were actually killed was shown by the injecting of them into rabbits' testicles and failure to produce syphilis. They observed, further, that under the conditions of their experiment "serum, fragments of tissue, and a concentrated extract of normal testes inhibited rather than accentuated the effect of the arsphenamins." Conversely, they found that if the chancre extract were diluted with salt solution before the addition of the arsphenamin the antispirochaetal action of the latter was enhanced.

They conclude that if it is found that the therapeutic effect of arsphenamins in syphilis is due to their direct

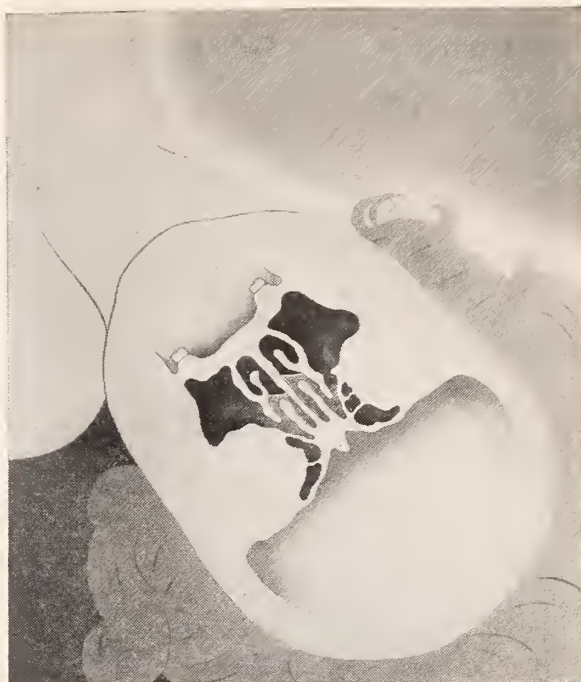
(Continued on Page 22)

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BOOK REVIEWS

(Continued from Page 20)

action on the spirochaetas, such experiments *in vitro* "may serve as a rough approximation of their therapeutic potency" and may "aid in the development of new therapeutic agents with a more favorable therapeutic toxic ratio."

This book is a valuable addition to any medical library.—
C. J. Lunsford.

Dermatologic Therapy in General Practice. By Marion B. Sulzberger, M. D., Assistant Clinical Professor of Dermatology and Syphilology, Skin and Cancer Unit of the New York Postgraduate Medical School and Hospital of Columbia University; Associate Attending Dermatologist, Montefiore Hospital, New York City, and Jack Wolf, M. D., Attending Dermatologist and Syphilologist, Skin and Cancer Unit of the New York Postgraduate Medical School and Hospital of Columbia University; Director of Dermatology, New York City Cancer Institute. Cloth. Pp. 680, illustrated. Price, \$4.50. Chicago: The Year Book Publishers, Inc., 1940.

This book, as its title indicates, is principally designed for the general practitioner to fill a much-needed aid in handling the common skin diseases. The authors have not failed in this purpose. Modities such as x-ray, radium, and carbon dioxide snow, etc., although mentioned throughout the text, are not given in their detailed use, as they are beyond the scope of the book.

Most of the textbooks on dermatology describe treatment of the particular disease, but do not go into detail as to general procedures. The first 114 pages deal with principles of diagnosis and medication. This is extremely well done, the directions being simple and concise. The most important procedures are well illustrated, which adds to the clarity of the therapy under discussion. There are also several tables, summarizing the various types of medication to be used for various effects.

The remainder of the book takes up specific therapy of the commoner skin diseases. A large part is devoted to eczematous dermatitis, urticaria, and atopic dermatitis, which comprise the bulk of the skin diseases that are encountered.

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The treatment of syphilis, in the latter part of the text, is well handled. Throughout the book, one is impressed that it is up to the minute. For example, the various indications for vitamin therapy, sulfanilamide and its derivatives, including sulfathiazol and the five-day treatment for early syphilis are given.

The Neuroses in War. By Several Authors under the Editorship of Emanuel Miller, M. A. (Cantab), M. R. C. P., D. P. M. (Cams). With a concluding chapter by H. Crichton-Miller, M. D., F. R. C. P. "Care I for the limb, the thewes, the stature, bulk, and big assemblance of man! Give me the spirit" (Shakespeare). Cloth. Price, \$2.50. Pp. 250. New York: The Macmillan Company, 1940.

This book, now proving its worth in England, will be read in this country by everyone concerned with the problem of nervous responses of people at war. Particularly, it will be indispensable to physicians, psychiatrists, army officers, and all those responsible for community morale.

During the first World War, psychiatrists had an opportunity to study the neurotic casualties of warfare on a scale never before imagined. In the interval of peace they have had time to coördinate the facts then collected and to formulate their conclusions.

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A Synopsis of Regional Anatomy. By T. B. Johnston, M. D., Professor of Anatomy, University of London, Guy's Hospital Medical School. Fourth edition. Cloth. Pp. 462, with 17 illustrations. Price, \$4.50. Philadelphia: Lea & Febiger, 1939.

Here is a very handy and practical text for anatomical review. As the author states, he does not cater to the dis-

(Continued on Page 24)

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BOOK REVIEWS

(Continued from Page 22)

sector, but rather is the work to be used after the part is dissected and revision is desired. The revised B. N. A. nomenclature is used with a glossary provided for translation from the old. Illustrations are not to be found except in the section on the Central Nervous System. This system has been completely revised in the present edition, with the addition of new material.

For a short, concise and to-the-point text to be used by the practitioner in an anatomical review in the dissecting room or in the Anatomical Museum, this book could not be surpassed.

A Textbook of Medicine. By American Authors. Edited by Russell L. Cecil, A. B., M. D., Sc. D., Professor of Clinical Medicine, Cornell University Medical College; Associate Attending Physician, New York and Bellevue Hospitals, New York City. Associate Editor for Diseases of the Nervous System, Foster Kennedy, M. D., F. R. S. E., Professor of Clinical Neurology, Cornell University Medical College; Attending Physician, New York Hospital; Visiting Physician in Charge, Neurological Service, Bellevue Hospital; Consulting Physician, New York Neurological Institute. Fifth Edition, Revised and Entirely Reset. Cloth. Pp. 1744, illustrated. Price, \$9.50. Philadelphia: W. B. Saunders Company, 1940.

This new and revised edition of a single volume authoritative text on "every medical subject" is indeed the best book of its class. It is complete, it is authoritative and above all, it is practical. The individual contributors have successfully revised their original articles to cope with the more recent progress in their respective fields. Altogether it is truly a fine summary of present day medicine.

For general practitioners, students, and specialists it is an invaluable possession. This brief concise summary of all these diseases in a single volume has lived up to its established reputation. The many detailed theoretical and frequently purely academic discussions of necessity are omitted from this book. This loss is amply compensated by revised and brief bibliographies at the end of each topic, for use of those interested in further study.

A few new diseases have been described which are not present in previous editions; this is a minor change. The new treatises on subjects previously covered make this

book valuable even to those who possess previous editions, and again bring this volume abreast of present day medicine.—T. R.

Management of the Cardiac Patient. By William G. Leaman, Jr., M. D., F. A. C. P., Assistant Professor of Medicine in Charge of the Department of Cardiology, Woman's Medical College of Pennsylvania, Philadelphia; Cardiologist Woman's College Memorial, Northeastern Hospitals and Philadelphia Hospital for Contagious Diseases. Cloth. Pp. 705, with 255 original illustrations, two of which are in color. Price, \$6.50. Philadelphia: J. B. Lippincott Company, 1940.

The title of this work suggests a volume on the therapy of cardiac disease and, in the broad sense, such was the author's intent. He wished to write a book in which the general practitioner might find, simply and directly presented, the best of modern practice. Realizing, however, that the foundation of all therapy is proper diagnosis, he was led to discuss history taking, physical examination and roentgen and electro-cardiographic examination. The latter proved so intriguing that an entire chapter of eighty-three pages is devoted to it. Chapters on Cardiac Problems in Surgical Practice, The Heart in Pregnancy and Allergy and the Heart correlate the work to other fields of medicine. Chapters on Diet, Physiotherapy and Social Service summarize these special techniques. In some of these presentations the author has had the collaboration of his colleagues.

After a discussion of the general management of heart failure, the various disorders of the heart are considered in turn. The discussions are illustrated and enlivened by case records and frequently also by pertinent illustrations. The author gives his own opinions freely and although cardiologists may not always agree with him in every particular, his views are certain to be a safe and reliable guide to the general practitioner for some time to come.

Minor criticism may be made of the fact that the two illustrations in color are of unusual conditions of great interest to the cardiologist but of little concern to the general man for whom the book is intended. Some of the illustrations of apparatus would seem to needlessly duplicate the manufacturer's catalogue. The discussion of functional heart disease by comparison with other chapters, seems rather weak.

(Continued on Page 26)

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As Gulliver was restrained by the Lilliputian bonds, so are many individuals deprived of real health by numerous tiny daily deficiencies in their diet. Day by day, the aggregate deficiencies may reach a total of definite inadequacy. Lack of these essential vitamins and minerals in the diet, if only to a small degree, may constitute a serious drawback to optimum health states.

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* Arch. of Ped. 56: Nov., 1939; Med. Record — Aug. 21, 1940; Med. Record — 150:1:1939; Arch. of Ped. 57:448 (July), 1940; Med. Record — 149: Jan., 1939; Surgery — 6:1:1939.

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* These Bequest Forms were discussed editorially in CALIFORNIA AND WESTERN MEDICINE, for March, 1936, p. 145, and June, 1936, p. 460.

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BOOK REVIEWS

(Continued from Page 24)

On the whole this is an intensely practical clinical treatise which will serve the practitioner well, either as a reference work or to be read and studied *in toto* for a comprehensive review of the entire subject of clinical cardiology. For these purposes it is unreservedly recommended.

Operative Surgery. By J. Shelton Horsley, M. D., LL. D., F. A. C. S., Attending Surgeon, St. Elizabeth's Hospital, Richmond, Va., and Isaac A. Bigger, M. D., Professor of Surgery, Medical College of Virginia, Surgeon-in-Chief, Medical College of Virginia Hospitals, Richmond, Va. With contributions by C. C. Coleman, M. D., F. A. C. S.; Austin I. Dodson, M. D., F. A. C. S.; John S. Horsley, Jr., M. D.; Donald M. Faulkner, M. D. Volume I, Fifth edition. St. Louis: The C. V. Mosby Company, 1940.

Volume I. This work covers a large field well but treatment of its individual subjects is necessarily limited in a volume including so much ground. It should be excellent as a reference, but one needing the information would probably find it desirable to consult the current literature or recent works covering more limited fields. However, the introductory chapters could be read carefully with much profit by everyone doing surgery.

Volume II. This is a standard textbook of surgery with excellent illustrations. It contains more detail than is in Horsley's original Operative Surgery. Many of the illustrations are taken from Horsley's original text. It will be a good addition to any medical library.—L. H. T.

Diseases of the Digestive System. A Textbook for Students and Practitioners. By Eugene Rosenthal, M. D., Lecturer in the Medical Faculty, Royal Peter Pázmány University, Budapest, Hungary. With a Preface by R. J. V. Pulvertaft, M. D., F. R. C. P., Reader in Pathology, University of London; Director of the John Burford Carllill Laboratories and Curator of Museum, Westminster Hospital School of Medicine. Cloth. Pp. 394, with 234 illustrations, including 104 in color, and 16 tables. Price, \$8.50. St. Louis: The C. V. Mosby Company, 1940.

(Continued on Page 28)

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When using the dropper, it is recommended that instillation be made with the patient in the lateral, head-low posture described by Parkinson.*

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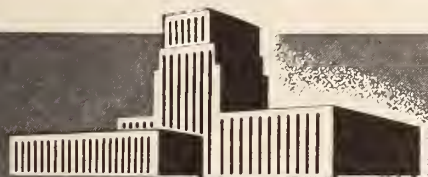
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*Arch. Otolaryng. 17:787, 1933



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BOOK REVIEWS

(Continued from Page 26)

This is an excellent monograph on the diseases of the digestive system. This book is concerned principally with pathology, diagnosis and treatment of the digestive organs. Interestingly enough, although it is a thoroughly written and organized book it is concerned essentially for the enlightenment of the general practitioner and student.

The author has an excellent approach on each subject and cautiously points out step by step procedures for reaching a final diagnosis. Most of these procedures are usually carried out in an ordinary office laboratory. The book is further augmented by a series of concise colored illustrations of the essential differential diagnostic features. Its therapeutic content likewise is brief but thorough in its scope.

The book relates experiences and conclusions of a long established clinic of Gastroenterology at the University of Budapest. It is, however, further enriched by comparative experiences of other similar clinics. This is an excellent monograph for general practitioners, students, or internists who wish to sharpen their diagnostic and therapeutic acumen on the subject of Gastrointestinal diseases.—T. R.

TWENTY-FIVE YEARS AGO

(Continued from Text Page 52)

has been with us we have all grown more and more to know that his opinions are sound, his judgment always good and every tendency of his make-up toward that which is right.

Some Advice.—A short while ago the JOURNAL treated of the rights and duties of physicians in so far as they were not obliged to undertake to treat any patient if they did not want to; or must do their best if they undertook to do so. Having accepted a call, or agreed to treat a patient,

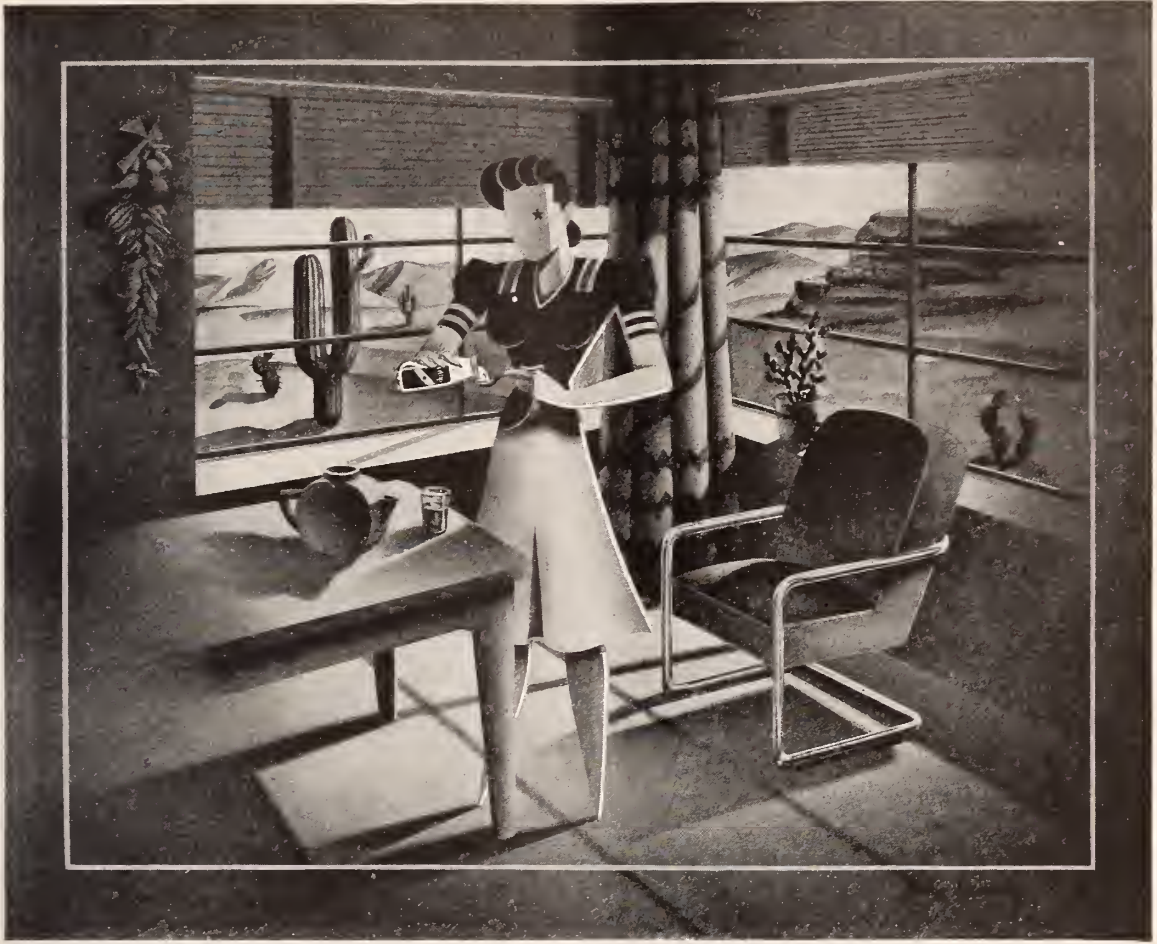
the physician has entered into what is known at law as an implied contract; and the law will require of him that he live up to his part of it or give the patient redress if he does not do so. The law requires of the physician that he will use reasonable care, skill, and good judgment. "Use" is the essential word, for no matter how much skill and ability the physician may have, let him be the greatest specialist in his line in the world, and if he neglects to use reasonable care, skill and good judgment in treating any single patient, that patient has cause of action against him.

On Hospitals.—The liability of hospitals is well recognized. They stand in relation to the patient, very similarly to the physician. When a hospital throws open its doors to receive and care for patients, and actually does receive and care for patients, it is a party to an implied contract and if it fails to live up to the letter of its part of the contract, it is liable to the patient in damages and the patient, or the estate, may recover. It says to the patient, in effect, "We will properly and carefully and skillfully, care for you and furnish you proper attention and food and nursing and guard you from unnecessary risks and generally safeguard your health under the direction of your physicians, whose instructions will be faithfully carried out." If it fails to do these things, or is negligent, it is liable.

The Reputation of Remedies for Syphilis.—In the *Medical Record* for November 13, 1915, Dr. Douglass W. Montgomery of San Francisco discourses lucidly, learnedly, circumspectly, and altogether attractively on "Iodid of Potassium in Syphilis." The incentive—we may not be

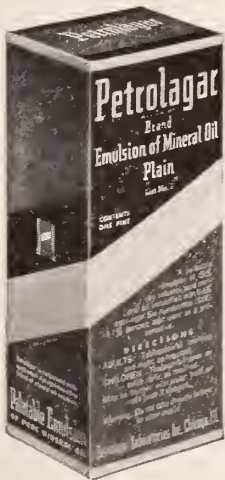
(Continued on Page 30)

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TWENTY-FIVE YEARS AGO

(Continued from Page 28)

wrong if we say the provocation—to Doctor Montgomery's valuable and very readable article appears from the concluding paragraph: "As regards iodid of potassium the medical profession seems to be passing through an interesting period of therapeutic history. The newer methods of giving mercury, the brilliant effects of salvarsan, and the delicate check on the results of treatment afforded by the Wassermann reaction have aroused a great deal of interest and enthusiasm. The enthusiasm in regard to the physiology of the ductless glands and especially of the thyroid has also had, as has been shown, its effect on the attitude toward the therapy of the iodine preparations. Many men, however, express their enthusiasm not alone by being positive toward the object of their love or choice, but by being strongly negative toward everything else. This temperamental attitude is to be deprecated in the practice of medicine."

From an Original Article on "Perinephritic Abscesses," by William F. Braasch, M.D., Mayo Clinic, Rochester, Minnesota.—While the subject of perinephritic abscess has been well reviewed in various articles, its exact pathology is still undetermined and the question as to whether a perinephritic abscess may originate in the perirenal tissues without any primary involvement remains unanswered. Perinephritic abscesses have been referred to as primary or secondary: those originating in the perinephritic tissues being termed primary, while all others, whether originating in the kidney or some other focus, have been regarded as secondary. The existence of a primary perinephritic in-

fection has never been definitely established either at operation or at autopsy.

From an Original Article on "Are We Making Progress in the Early Recognition of Tuberculosis?" by George H. Evans, M.D., San Francisco.—The interrogative character of the title of this paper was suggested by the recent visit to my office of a woman of apparently health appearance, who upbraided me for having made an erroneous diagnosis. She had, according to her statement, been to a number of physicians subsequent to my examination, all of whom had told her there was nothing the matter with her lungs. In one instance this had been "proven" by x-ray examination. This woman was probably sincere in her opinion that I had made a mistake; just as sincere as were, undoubtedly, those who drew their diagnostic conclusions solely from the physical examination.

From an Original Article on "Mastoid Operation Dependent Upon Pathology," by Cullen F. Welty, M.D., San Francisco.—For some thirty years or more, the duration of a discharging ear put it in one group or another in regard to operative procedure. In this paper, I wish to deal with children under fifteen years of age with discharging ears that have lasted one year or more. This one-year period was established long ago by surgeons more eminent than myself.

I wish to show by a series of operated cases that a radical mastoid should not be done as a routine procedure, as many of the cases will recover by the simple operation. In other words, the pathologic findings before and during operation, should determine the kind of operation to be done.

(Continued in Back Advertising Section, Page 34)

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ADVANCES IN CANNING TECHNOLOGY

I. Requirements for the Modern Canning Factory

● During the first decade of the 19th Century, Nicholas Appert, an obscure French confectioner, worked out empirically the basic principles of canning. In 1811, the first English edition of his book on the "Art of Preserving" was published (1). This text lays down the fundamentals of the canning process; it describes the necessary organization of a canning establishment and its equipment; and it lists canning procedures for more than 50 foods of both animal and plant origin.

Viewed in the light of modern knowledge, Appert's book is surprisingly complete and many of his observations amazingly accurate. Naturally, in the 130 years since his book was published, many advances have been made in canning technology. Consequently, when Appert's quaintly worded descriptions of the requirements for the use of his process are compared with those of modern commercial practice, some insight may be had as to the vast improvements which have been wrought in this important field of food preservation since its humble beginning.

One striking contrast between the old and new in canning lies in Appert's description of the necessary features of a canning establishment of his day. Appert's establishment apparently was composed of seven rooms or "apartments". Four of these were equipped to handle the preparation of fruits, vegetables, and foods of animal origin; the fifth room was devoted to the cleaning and storage of the glass bottles used as containers; the sixth room was the "sealing" room in which the bottles were corked after filling with food; the last room contained the large covered kettle in which the sealed containers were processed in boiling water.

The requirements for the modern cannery are, of course, much more exacting, both

from the standpoint of factory site, arrangement, and equipment. Today, canneries must be located close to the fields, orchards, or waters from which the raw materials are harvested. Rapid handling of freshly harvested raw stock—a prime requisite for quality of the final product—is thus facilitated. The factory site must also be chosen so that an adequate supply of potable water is available. The modern canning plant is arranged specifically for handling the product or products that will be canned. This provides for continuous, rapid, and even flow through the various operations comprising the canning procedure for the particular product.

Needless to state, the equipment requirements of the modern canning factory are also much more complex than in the days of Appert. Present-day, large-volume production—necessary for the manufacture of a low-cost product—requires the use of high-speed automatic equipment for conveying the raw materials through the cleansing, preparatory, and all other operations of the commercial canning procedure. Frequently, much of this equipment must be constructed of special metals or alloys; in all cases it must be so constructed as to permit rapid, thorough, periodic cleansing. To maintain and control this highly specialized machinery, a skilled mechanical staff is necessary.

Space will not permit fuller description of other requirements for the cannery of today. Thousands of such factories combine to form the American canning industry, whose products already have become so essential in our modern civilization and in our national defense. Commercially canned foods have fulfilled every prediction of Appert by whose "extensive practice and long perseverance" a new means of food preservation was made possible.

AMERICAN CAN COMPANY

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REFERENCES

- (1). The Art of Preserving All Kinds of Animal and Vegetable Substances, M. Appert, Black, Parry, and Kingsbury, London, 1811.

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixty-seventh in a series which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.



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OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

VOL. 54

JANUARY, 1941

NO. I

California and Western Medicine

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Address editorial communications to Dr. George H. Kress as per address above. Address business and advertising communications to John Hunton.

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Committee on Publications

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Francis E. Toomey San Diego 1942

G. W. Walker Fresno 1943

Secretary-Editor, ex officio

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BUSINESS MANAGER JOHN HUNTON

Advertising Representative for Northern California

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Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this Journal. New copy must be sent to the editorial office not later than the fifteenth day of the month preceding the date of publication.

Contributions—Length of Articles; Extra Costs.—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

	PAGE
Editorials	1
Editorial Comment	4
Original Articles: Scientific and General	6
Clinical Notes and Case Reports	27
California Medical Association	28
Committee on Medical Preparedness	31
Committee on Postgraduate Activities	37
Committee on Public Health Education	39
Committee on Public Relations	40
California Physicians' Service	40
Committee on Industrial Practice	41
Committee on History	41
Committee on Health and Public Instruction	42
County Societies: Membership; In Memoriam	43
Woman's Auxiliary	44
News	45
Letters	49
Medical Jurisprudence	51
Twenty-Five Years Ago; State Examining Board	52
Index to Advertisements Adv. p.	8

EDITORIALS†

MEDICAL PREPAREDNESS

Medical Preparedness Is a Live Issue.—In the last several numbers of the OFFICIAL JOURNAL, informative articles and items concerning Medical Preparedness were given considerable space; the backbone of the November issue, in which rosters of medical examiners appeared, having been marked to attract attention, by the small block letters, MEDICAL PREPAREDNESS. When current world events are interpreted, the signs indicate that, for some time to come, the department on Medical Preparedness is almost certain to have a place each month in CALIFORNIA AND WESTERN MEDICINE.

* * *

Members Entering the Military Services Make Sacrifices.—To some members of the Association who are not yet in the Army or Navy Medical Reserves, or who are not in the draftee age limits, it may seem that Medical Preparedness is being overstressed. Not so, however, does it appear to physicians who have volunteered, or have been called into service, and who, on short notice, have had to give up private practice to assume military duties for an indefinite period; in the future to return home, and attempt to rebuild or practically start anew, where they left off, at the time of entering upon a transitional military career. Family and other responsibilities, when such situations arise, assume large roles.

* * *

Medical Examinations for Selective Service Boards.—Even in what might be termed the transient work associated with medical examinations of draftees, as carried on for local or other selective service boards, demands on the professional time and efforts of physicians are of considerable moment. It is not surprising, therefore, in so massive an effort as that of examining all men between the ages of 21 and 36—(a work carried on, for instance, by local boards working often in vastly different environments, with lists of selective service draftees running as high as seven thousand men)—that the demands upon the energies of physicians attached to certain boards have been more than could be expected of such doctors who,

† Editorials on subjects of scientific and editorial interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

while giving gratuitous service to the Government, nevertheless were also required to maintain supervision of the care of private patients, as well as meet the responsibilities of their own families.

* * *

Question of Dues-Exemptions of Members in Military Service.—Among matters of importance for early consideration, county societies may wish to give attention to by-law amendments that would grant exemption, from local dues, to members who had entered military services, the same to cover the calendar years in which they are so engaged. At the annual session at Del Monte, in May next, in the House of Delegates, the California Medical Association will no doubt consider similar amendments in regard to State Association dues.

For every community, it is assumed that the physicians who continue in civil practice will keep in mind the heavy contributions made, on behalf of the country's welfare, by those of their fellows who enter military service. Also, that, through liaison or committees, the component county societies will use all proper endeavors to conserve, in so far as may be possible, the rights of members who have so been called, until such time as they again return to civil practice.

* * *

State Committee Is Maintaining Contacts.—Concerning these activities, it should be kept in mind that the California Committee on Medical Preparedness, of which Dr. Philip K. Gilman is chairman, is at all times at the service of local committees, and willing to give advice and aid as may be indicated. At San Francisco, Doctor Gilman of the State Committee, and Dr. Charles A. Dukes of the National Committee, on Medical Preparedness, working through the Central Office of the Association, have already been constantly on the job, holding conferences with medical staffs of the Ninth Corps Area at the Presidio, and with representatives of the medical division of the Adjutant General's office in Sacramento, as well as with many physicians who have brought up their personal problems for consideration.

For additional information concerning these matters, readers are referred to the department captioned, "California Committee on Medical Preparedness." (See page 31.)

ANNUAL SESSION: DEL MONTE MAY 5-8, 1941

What Makes a Successful Annual Session.—In the life of a state medical association, an annual session is construed to have been successful if members, who were in attendance, returned to their homes with better and clearer ideas on vital topics concerned with scientific and organized medicine. Referring, therefore, to scientific activities, since satisfactory programs are of the first importance, it is necessary that a sufficient number of essayists or speakers shall offer clarifying discussions on topics of pertinent interest, and that other attrac-

tive features, such as scientific exhibits and the presentation of medical and surgical films, shall be provided. Some further comments regarding these features may be in order.

* * *

Responsibilities of the Section Officers Regarding Papers, Scientific Exhibits and Films.—To the officers of each of the twelve scientific sections is assigned the task of deciding whom they wish to invite to present papers and, which papers, that have been independently offered to the Sections, are of a character to fit into a contemplated program in which certain subjects, by committee agreement, have been outlined for special emphasis.

The roster of Section officers is printed on advertising page 6 of every issue of CALIFORNIA AND WESTERN MEDICINE. Correspondence, then, should be sent to the respective Section secretaries, and members who wish to offer papers for consideration, should immediately write, if they have not already done so, since the final program will probably be determined at a joint meeting of the California Medical Association Committee on Scientific Work and the Section secretaries, to be held in January.

What has been stated, concerning papers for the Section programs, applies also to scientific exhibits and films. Correspondence regarding these should be sent to the Association Secretary, 450 Sutter Building, San Francisco.

* * *

Hotel Rates Are Listed in This Issue.—The matter of securing proper hotel accommodations is always of interest to everyone who contemplates attendance, and because no single hotel can provide quarters for all who will be in attendance at Del Monte, a list of hotels located on the Monterey Peninsula, with their rates, is given in this issue. (See page 30.)

Early request for accommodations is desirable, since delay may make for inability by managements to allocate the facilities desired.

The attention and coöperation of members in regard to the above can be expected to make for an advance guarantee that the annual session of 1941 will measure up to the best standards of our own and other state medical associations.

ANOTHER LEGISLATIVE YEAR

Rôle of the Medical Profession at Sacramento. Once again, the State of California is confronted with a legislative year, by which is meant a first six months of the calendar, when citizens in all walks of life will live through a period of greater or less expectancy, wondering not only what the legislative hopper will bring forth in the form of approved measures, but whether His Excellency, the Governor, will ratify or veto this, that, or other measure that may have received the approval of both State Assembly and Senate.

Hence, the rôle of the medical profession at Sacramento may be said to be one of watchful waiting. Records of former legislatures indicate that between six hundred to one thousand measures—of the several thousand that may be introduced by assemblymen and senators—will contain provisions having immediate or secondary relationship to medical standards and public health work. Because these inclusions are not infrequently most deftly concealed in proposed statutes having titles and context which would indicate neither near nor even a remote affiliation with matters medical, it is incumbent upon the California Medical Association Committee on Legislation not only to scan, but to read, with discrimination, the great majority of all measures submitted. Not only that, but as the days of the legislative session roll on, the committee must be equally alert to amendments of real significance in public health fields.

* * *

California's Fifty-Fourth Legislature Convenes on January 6, 1941.—The next California Legislature—the State's fifty-fourth—will convene on the first Monday in January, the sixth day of the month, and will remain in session for the receipt and general consideration of prospective laws during January—to recess then in February, for further study and conferences with citizens of their local constituencies, after which the session will reconvene and continue until adjournment. The last legislature adjourned *sine die* on June 20, 1939, holding the record for length of session: 97 legislative days; 170 calendar days; 30 constitutional recess days.

* * *

California Medical Association Committee on Public Policy and Legislation.—At the time of this writing, the California Medical Association, in accordance with resolutions of the House of Delegates, has caused two measures to be drafted concerning the Motor Vehicle Code and public pounds. These measures are to be submitted to the Fifty-fourth Legislature.

Proposed statutes to be presented by the Board of Medical Examiners, the State Board of Public Health and other bodies will receive early consideration by the California Medical Association Committee on Legislation and Public Policy, of which Dwight H. Murray of Napa is now chairman, Dr. J. B. Harris having resigned, but continuing his coöperation as chairman of the Advisory Subcommittee of the California Medical Association Committee on Legislation. Correspondence on legislative matters, sent to the Central Office, will be forwarded to Doctor Murray, who may also be addressed direct.

* * *

Proposed Laws of Medical Interest.—Comment on the proposed Basic Science law to be submitted not to the legislature, but through an initiative, will be found in this issue in the Committee on Public Relations department. (See page 40.)

It may be of interest to members of the medical profession to learn that a "legislative initiative" to

license naturopaths is being circulated. The number of signatures required for such a "legislative initiative" is considerably less than that for the usual initiative (minimum number of signatures required is 5 per cent of all the votes cast for all candidates for governor at the last preceding general election). The proposed naturopathic initiative will be presented to the legislature, and if not approved by this body, will be placed on the state ballot for vote by the electorate for approval or rejection.

In the August, 1940, issue of *CALIFORNIA AND WESTERN MEDICINE*, on page 56, comment was made editorially concerning proposed California laws submitted to the voters in past years through initiative petitions. As long ago as 1914, a proposed initiative law "to license drugless physicians" resulted in a vote of 223,000 in favor, and 462,000 against. In 1934, a proposed initiative to license naturopaths was defeated, 662,000 votes being cast for, and 1,115,000 votes against the measure. If the naturopathic sponsors secure the necessary number of signatures for their "legislative initiative," it will be interesting to watch the course taken by the measure in the legislature, and also when it appears on the state ballot, for referendum, approval, or rejection.

Concerning a compulsory health law for California, such as was submitted to the last legislature by Governor Culbert L. Olson's Committee, and which will, in all probability, again be presented to the legislature, no official announcement has been made at the present writing. Signs indicate, however, that such a statute will appear.

In the Capitol at Washington, a new Congress will convene and laws closely akin to the "Wagner Health Act" and the "Wagner-George Hospital Act," will, no doubt, again come to the fore.

* * *

County Societies and Physicians Should Maintain Interest in Legislative Proceedings.—

It is apparent, therefore, that component county medical societies will have work to do in the months ahead, and that it will behoove physicians to keep in touch with press reports on legislative matters, and to coöperate in fullest measure when called upon for aid. Important principles and issues are at stake!

POSTGRADUATE ACTIVITIES

Medical Knowledge Is Not Static.—California's course regarding postgraduate activities is not unusual, since, in a goodly number of other state medical associations, there have been like experiences. It is difficult to explain the backwardness of some local units in not utilizing their county hospitals and other facilities to provide, once or twice yearly, what have been aptly called "continuation medical courses from undergraduate days."

Physicians need hardly be told that the science and art of medicine are not static. Additions of new knowledge, through research workers and clinical

investigators, make for constantly changing vistas concerning disease in general and certain diseases in particular.

All physicians should be receptive to changing points of view in medical practice, although it is granted, in the routine of daily responsibilities, this is, at times, a quite difficult ideal to attain; and especially so, when absence from one's home city, in order to participate in refresher courses, may be for various reasons, practically out of the question.

* * *

The Institution of a Clinical Conference or Postgraduate Course.—It is just here that clinical conferences held under local auspices may be of real worth to many practitioners. As has been so often stated, all that is needed, to carry through a successful conference, is the support and leadership of one or more members of a county society postgraduate committee, who will give earnest attention to the formulation and completion of a program that has been arranged in harmony with local facilities and needs. The California Medical Association Committee on Postgraduate Activities, through its chairman and secretary, is anxious to give all possible coöperation, not only through aid in the selection of guest-speakers on desired topics, but in supplementary publicity of courses, so that every physician in the territory included in a clinical conference plan may be informed.

* * *

Plans for Clinical Conferences Are Now in Order.—Newly elected officers of each county society are urged to discuss with their governing boards and members the possibility of instituting a postgraduate conference to be held some time during the January-April period. A first requirement is that every county medical society shall have appointed a postgraduate committee, whose members, in turn, will promptly communicate with the California Medical Association Committee on Postgraduate Activities, even though nothing more is requested than advice on how best to proceed.

Every one of the forty component county units of the California Medical Association has some members who would gladly attend a postgraduate or clinical conference if it were made locally available; and, it may be added, all members of every county medical society profit through attendance at conferences where local and other colleagues are contacted, and mutual problems are discussed. The California Medical Association Committee on Postgraduate Activities, 450 Sutter Building, San Francisco, invites correspondence.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 28.

EDITORIAL COMMENT†

FAILURE OF NONVIALE ANTIRABIC VACCINES

According to experimental evidence reported about a year ago by Webster¹ of the Rockefeller Institute, and currently confirmed by Wyckoff and Beck² of the Lederle Laboratories, a surprisingly large percentage of the nonviable antirabic vaccines now available in the American market are antigenically inert, incapable of stimulating the development of an appreciable antirabic immunity.

In order to develop reliable and inexpensive methods for the commercial control of antirabic vaccines, Webster selected young Swiss mice as the experimental animals. Mice three to six weeks of age are highly susceptible to this virus and are sufficiently uniform in their reactions for reliable statistical study. According to the technique currently recommended by Wyckoff, five daily intra-abdominal injections of dilute living virus, in one-eighth the dose recommended for dog or man, almost invariably lead to the development of a solid antiviral immunity. By the end of fourteen days, 90 per cent of the injected mice will resist intracerebral injection of 100 to 1000 MLD of homologous virus suspension.

Applying this technique to a titration of commercial vaccines, Wyckoff tested fourteen different batches of phenol-killed or chloroform-killed vaccine prepared by the same manufacturer. But three of these nonviable vaccines were sufficiently antigenic to stimulate the development of a solid immunity, while three were wholly inert, giving practically no trace of antirabic immunity. One hundred per cent of the mice vaccinated with these latter preparations succumbed to the routine intracerebral test dose. Wyckoff concludes from this evidence that current methods of manufacture are at fault, giving unreliable and inconstant products.

A similar absence of antigenicity was demonstrable on titrating vaccines manufactured by different firms. But one of the seven products tested was fully antigenic. Two of them were 100 per cent inert. Part of this failure is conceivably due to strain variations in the stock viruses used by different commercial firms.

As the initial step in the commercial control of nonviable human and veterinary antirabic vaccines, Wyckoff suggests elimination from the market of all batches of vaccine that prove antigenically inert by the Webster mouse test. Whether or not mouse antigenicity is parallel with human and canine antigenicity is at present unknown. Possible strain variations are also the subject of current study. It is encouraging to note that commercial firms

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

¹ Webster, L. T.: *J. Exper. Med.*, 70:87 (July), 1939.

² Wyckoff, Ralph W. G., and Beck, C. E.: *J. Immunol.*, 39:17 (July), 1940.

have taken the initiative in the solution of this important therapeutic problem.

P. O. Box 51.

W. H. MANWARING,
Stanford University.

ENDOCAVITARY ASPIRATION OF TUBERCULOUS PULMONARY CAVITIES

Attempts to close tuberculous pulmonary cavities by means of prolonged endocavitary aspiration were first reported in July, 1938, by Dr. Vincenzo Monaldi¹ of the Forlanini Institute of Rome. Continuing this research, which was more fully detailed in subsequent articles,²⁻⁷ he and his pupils have now performed the procedure upon over 150 patients, with remarkably good results.

The Monaldi procedure begins with careful selection of suitable cases, after repeated unsuccessful attempts to induce artificial pneumothorax prove that the pleural leaves are firmly adherent, especially in the area where the puncture is to be done. The cavity is exactly localized by means of x-ray. The puncture proper is done under procain anesthesia, employing a special Y-shaped cannula with a trocar, with which, under manometric control, a soft rubber catheter is introduced through the chest wall into the cavity. A suction pump is attached to the catheter. The suction is kept up continuously or intermittently for weeks or months, depending upon the behavior of the cavity.

Cavity aspiration differs from the surgical procedures generally used in the treatment of pulmonary tuberculosis in that it does not depend upon compression of lung or cavity, but rather upon reëxpansion of the lung to fill in the excavated portion. This may be accomplished by reaeration and reëxpansion of atelectatic tissue, by reabsorption of alveolar exudate and consequent recovery of elasticity of the tissues involved by the exudation, and by compensatory emphysema of normal pulmonary tissue in the vicinity of the cavity or even in more distant parts of the lung. These mechanisms are favored by the establishment of a negative pressure within the cavity. Another result of the treatment is the drainage of pus, blood and bits of necrotic tissue, with their high bacillary content, bringing about, so to speak, a sterilization of the cavity. Sputum conversion and disappearance of cavity, with improvement in the patient's general condition, are reported in a large proportion of the cases.

The presence of homolateral tracheobronchial disease is not a contraindication; on the contrary,

a partially occluded bronchus is an aid to obtaining negative suction within the cavity. Since there is little operative reaction the puncture can be done on toxic, febrile or older patients, and in the presence of progressive contralateral disease. It has been performed in conjunction with collapse measures on the same and other side, even with homolateral pneumothorax, when limited to a part of the lung distant from that operated upon.

Other direct therapeutic approaches to tuberculous cavities previously attempted have included open surgical drainage,⁸ insertion of metal trocar or needle, leaving it *in situ* with no suction or short periods of suction,⁹ endobronchial aspiration,¹⁰ plugging of bronchi by means of bronchoscopy,¹¹ and cautery of bronchus with intent to create stenosis, using a thoracoscope introduced into the cavity.¹² The results of cavity aspiration in the cases begun at the Olive View Sanatorium since September, 1939, have, so far, been promising.¹³

Olive View Sanatorium.

EDWARD KUPKA,
Olive View.

⁸ De Cereville, Tuffier, Eloesser, Haight, and others.

⁹ Eloesser, L.: Blocked cavities in pulmonary tuberculosis, *J. Thoracic Surg.*, 7: 1-22 (Oct.), 1937.

¹⁰ Brooks, W. D.: *British Journal of Tuberculosis*, 32: No. 14, 1938.

¹¹ Vorwald, A. J., and Adams, W. E.: *Journal of Thoracic Surgery*, 3: No. 2 (August), 1934.

¹² Coryllos, Pol. N., and Ornstein, G. G.: Giant tuberculous cavities of lung; pathogenesis, pathologic physiology, and surgical treatment, *J. Thoracic Surg.*, 8: 10-54 (October), 1938.

¹³ Kupka, E., and Bennett, E. S.: *American Review of Tuberculosis*, 42: No. 5 (November), 1940.

Journal Recommends Nurses' Schools Should Teach Industrial Hygiene.—Courses in industrial hygiene for undergraduate and graduate students should be started at once by schools of nursing, *The Journal of the American Medical Association* declares in an editorial which points out that with the speeding up and intensification of industry now taking place in connection with the national preparedness program many more industrial nurses will be needed than are now available.

"Competent industrial health service depends on the availability of physicians adequately trained in industrial medicine, hygiene and traumatic (injuries) surgery," *The Journal* says. "Ordinarily, however, assistance is necessary from other properly qualified professional personnel. Industrial medical departments provide excellent opportunities to nurses with proper aptitude, good comprehension of public health nursing methods and a sure sense of their own professional limitations. A clinical and administrative assistant of this character will be of immense aid to any industrial physician in the performance of many routine functions which make up the bulk of industrial dispensary procedure.

The system works admirably under whole-time industrial physicians or under part-time physicians who spend regular visiting hours at a plant. In the absence of direct medical supervision, written standing orders, properly posted in the plant medical unit, will do much to inhibit assumption of services which require expert medical attention. Some form of medical supervisory arrangement is necessary to provide nurses with technical advice. The physicians on call for first aid and compensation work may be most helpful, particularly if they have some insight into the actual working environment."

The body requires mineral elements for growth, repair and regulation of body processes.

¹ Monaldi, V.: *Lotta contro la Tubercolosi*, 9: No. 9 (Sept.), 1938.

² Monaldi, V.: *Annali dell'Istituto Carlo Forlanini*, 2: No. 10 (October), 1938.

³ Monaldi, V.: *La Settimana Medica*, 17: No. 8 (March), 1939.

⁴ Monaldi, V.: *Annali dell'Istituto Carlo Forlanini*, 3: No. 8 (March), 1939.

⁵ Monaldi, V.: *Zeitschrift für Tuberkulosis*, 82: No. 6 (May), 1939.

⁶ Lloveras, J. Argemi: *Medicina Española*, 2: No. 6 (April), 1939.

⁷ Jiménez, Miguel, *El Tratamiento de la caverna pulmonar tuberculosa por la aspiración endocavitaria*, *Rev. mex. de tuberc.*, 1: 5-16 (July-August), 1939.

ORIGINAL ARTICLES

CHANGING CONCEPTION OF CORONARY ARTERY DISEASE*

By JOHN J. SAMPSON, M. D.
San Francisco

WITHIN the memory of most of us the concepts of the pathogenesis, the functional and structural pathology, and the clinical characteristics of coronary artery disease, have undergone remarkable changes. The disease was first recognized in the latter part of the eighteenth century. Heberden gave the original description of angina pectoris in 1786. Harvey described myocardial infarction with cardiac rupture in his report on the heart of George II. Fothergill in 1776, and Black, Jenner and Parry (John Hunter's heart), as well as Baillie at the beginning of the nineteenth century, discussed coronary arteriosclerosis in relation to angina pectoris. In 1809, Burns of Glasgow compared the pain in this condition to that experienced in an extremity below a ligated artery. Earlier descriptions of the lesions had been given by Drelincourt, Thebesius, and Bellini. Kreyzig in Germany and Testa in Italy made further contributions to the subject in the middle of the nineteenth century, but Laennec and many clinicians after him slowed progress by asserting that angina pectoris was a nervous disease. In 1842 Marshall Hall associated coronary artery disease with sudden death, and Ericson was the first to produce sudden death experimentally by ligating the coronary arteries of dogs. Virchow demonstrated the phenomenon of coronary embolism, and Weigert, in 1882, described the infarction followed by blocked coronary arteries in man. René Marie in 1896, Sternberg¹ in 1914, and others in the interval, gave excellent pathological descriptions of coronary infarction.

THEORIES CONCERNING PATHOLOGY

Cohnheim and von Schultness-Rechberg,² in 1881, made the assertion that, functionally, the coronary arteries were end-arteries. This viewpoint was supported by Wiggers,³ Porter,⁴ Saphir, Priest, Hamburger, Katz⁵ and others, and more recently by Blumgart, Schlesinger and Davis.⁶ In conflict with this conception was the early demonstration of coronary interarterial communication by Ruysch in 1704 and Lower in 1728, which was confirmed by many workers, including such recent workers as Gross,⁷ Hirsch and Spalteholz,⁸ and Spalteholz and Campbell,⁹ who believed that these communications were functionally adequate. Pratt,¹⁰ and later Wearn and his associates,^{11,12} and others demonstrated the possible functional communications of the "Thebesian" system¹² with the coronary arteries and capillaries, and as early as 1880 Langer¹³ had demonstrated the collateral supply to the coronary system from the extracardiac vessels of the pericardium, the bronchi, the

diaphragm, and the great vessels. The history of the clinical appreciation of acute coronary artery occlusion began with the work of Hammer¹⁴ of St. Louis in 1876, who first made the bedside diagnosis. However, it remained for Dock¹⁵ in 1896, Abrotzow and Strachsika¹⁶ in 1910, and Herrick¹⁷ in 1912 to define the criteria for diagnosis of this condition, or, more precisely, of acute myocardial infarction.

Although most of the important pathological and experimental conditions found in coronary artery disease had been described, the practicing physician at the beginning of the twentieth century still was confused by the varied opinions on the causes of angina pectoris and of so-called chronic myocarditis with heart failure. The pain of angina pectoris may in rare instances not be due to coronary artery disease; however, this condition is now generally accepted to be its cause. Sir Clifford Albutt and others, by supporting the "aortic" theory of angina pectoris, slowed the popular acceptance of such ideas. Although more complete details of the clinical picture of acute coronary artery occlusion appeared in the literature during the first two decades of this century (for instance, Libman and Sacks¹⁸ reported leukocytosis and Fred M. Smith¹⁹ the alterations in the electrocardiogram), the diagnostic criteria were not generally known and the frequency of the occurrence of the disease was not recognized. Until the beginning of the third decade the diagnosis was rarely made, and the criteria were not even taught in the medical schools of America and Europe. What gave the tremendous impetus to the recognition of this lesion as the commonest nonaccidental cause of sudden death in man is not known. Perhaps the repeated articles of Herrick and of Levine were responsible. The diagnosis of acute indigestion commonly made during and prior to the early 1920's is practically unknown today, since in most of the cases formerly so diagnosed we now find acute coronary artery occlusion with infarction.

CHART I

Chart 1 outlines the findings in a case of acute coronary artery occlusion eleven years after Herrick's¹⁷ description, with which this case is compared. It illustrates that even a typical case observed by several prominent physicians as late as 1922 was diagnosed erroneously. From 1925 to 1930 the knowledge of the diagnostic criteria rapidly infiltrated this country, and by the beginning of the fourth decade the characteristic picture of acute coronary artery occlusion was well recognized. Likewise, the conception that angina pectoris is a disease almost exclusively due to anoxia of the myocardium, as restated in the article of Keefer and Resnik,²⁰ was accepted by most physicians.

The first demonstration of the value of the electrocardiogram in the diagnosis of acute coronary artery occlusion was made by Fred M. Smith¹⁹ in 1918, when he compared the records of dogs with ligated coronary arteries with those of patients who had coronary artery occlusion. Pardee²¹ in 1920 demonstrated the significance of the S-T interval and the T-wave changes; Wolfertl and Wood²² in 1932 indicated the diagnostic im-

* From the Department of Medicine, University of California Medical School, San Francisco.

Read before the general meeting at the sixty-ninth annual session of the California Medical Association, Colorado, May 6-9, 1940.

CHART 1.—Comparison of Case of Mr. X With Herrick's Case 1	
Case 1—1912—aet. 55	Mr. X—1923—aet. 58*
1. One hour after meals—pain in lower pre-cordial region. Fairly abrupt onset. Occurred at rest.	1. Distress. ?Lower chest and epigastrium during night after dinner. Fairly abrupt onset. Occurred at rest.
2. Nauseated and induced vomiting. Later projectile vomiting.	2. Nauseated. Vomiting.
3. Pain persisted 3+ hours.	3. Pain through night and recurred through second and third days. Cleared fourth day.
4. Exhaustion —. Weak pulse.	4. Exhaustion during second day. Circulatory collapse third, fourth and fifth days.
5. Cold with sweating +.	5. Cold with sweating +.
6. Moist râles right and left chest. ?cough. ?rapid respiration.	6. Moist râles right and left chest. Cough +. Respiration 40. Cheyne Stokes respiration.
7. Fever second day.	7. Fever, second and sixth days to 102°. Cleared by sixth day.
8. Moderate cyanosis.	8. ? cyanosis.
9. Tachycardia 140.	9. Tachycardia 120-130.
10. Despite weakness able to undertake physical activity. Mind clear.	10. Very active first day and never at complete rest for two and one-half days. Mind clear.
11. Sudden death in fifty-two hours.	11. Sudden death on sixth day.
12.	12. Previous history of hypertension and angina pectoris.
13.	13. Sister died suddenly of similar disease. ? other family members.
14.	14. Leukocytosis.
DIAGNOSIS: (?) Hypertension. Coronary arteriosclerosis. Acute coronary artery occlusion with infarction. Sudden death.	Hypertension. Angina pectoris. Acute G. I. attack. Crabmeat-copper ptomaine poisoning. ? Gall-bladder disease. Pneumonia. Circulatory collapse. Apoplexy.
* From official medical bulletins.	

portance of Lead IV; and Wilson, McLeod, Barker and Johnston²³ were the first to report the localization of certain lesions by the characteristic "Q1-T1" and "Q3-T3" forms of the electrocardiogram. However, excellent reviews by Wilson²⁴ and others have shown that many causes other than acute coronary artery occlusion may produce approximately the same electrocardiographic abnormalities. Therefore, in spite of the recognized importance of electrocardiographic criteria, characteristic changes in the records cannot be accepted as pathognomonic of this condition.

By the middle of the fourth decade the diagnosis of "acute indigestion" had almost disappeared, and coronary artery occlusion was recognized not only by the physician, but also by the lay public. A trend toward overdiagnosis of coronary artery occlusion

rapidly followed. Among the conditions falsely diagnosed as such were: acute abdominal disease, dissecting aneurysm of the aorta, acute pulmonary artery occlusion, pleurisy, nerve root pain, spontaneous pneumothorax, esophageal and mediastinal diseases, and the onset of diabetic coma.

PHYSIOLOGIC RELATIONSHIPS

The excellent experimental work of Anrep,²⁵ Wiggers and Cotton,²⁶ Katz, Weinstein and Jochim²⁷ and others on the physiology of the coronary circulation demonstrated the importance of aortic pressure in maintaining adequate blood flow and the constricting influence exercised by the contracting cardiac muscle on the coronary vessels. The earlier end-artery hypothesis had been discarded. Attention was directed to the existence of collateral circulation by the injection studies of Gross,⁷ Spalteholz and Campbell⁹ and others, and this in turn led to the efforts of Beck²⁸ and O'Shaughnessy,²⁹ in the late 1930's, to establish artificial collateral circulation through extracardiac tissue grafts. Prior to this time (and even up to the present) surgical procedures for the relief of angina pectoris were directed toward interrupting the nervous pathways, chiefly those of the afferent cardiac nerves. The assumption was that by this method the unbalance between the demand of the cardiac muscle for oxygen and its available supply might be corrected. Blumgart, Levine, and Berlin³⁰ introduced the practice of thyroidectomy as a therapeutic measure. When symptoms of anginal or congestive failure could not be relieved by placing the body at relative rest, they attempted to reduce the work of the body still further by lowering the metabolic demands on the heart for the delivery of blood. Only moderate success was achieved.

PROGNOSIS

The extremely grave prognosis attributed to coronary artery occlusion at the time of its first widespread recognition has been modified gradually until, at the close of the fourth decade of this century, only 15 to 25 per cent fatality was attributed to the first attack of myocardial infarction. However, there did seem to be an alarming rise in frequency of the condition as well as of all coronary artery disease. Cohn³¹ and others showed that this was probably due largely to (1) the survival of persons into the age of senescence who formerly succumbed to infections such as typhoid fever (which are now relatively infrequent) and (2) the changing habits of diagnosis and diagnostic terminology of the general medical practitioners.

OTHER STUDIES

The apparent increase in coronary arteriosclerosis awakened medical and public consciousness especially to the frequency of cases occurring before the age of fifty years, and resulted in attempts to determine the pathogenesis of such arteriosclerosis. The earlier experiments of Ignatowsky³² in 1908, in which he produced arteriosclerosis in herbivora by feeding cholesterol, have been supplemented recently. Likewise, by comparing the dietary habits of these animals with the relative dietary habits of different groups of men, Leary,³³ Joslin,

Root, White and Marble,³⁴ and others concluded that ingestion of cholesterol in eggs, cream and similar foods may play an important part in causing atherosclerosis in man. These conclusions were strengthened by reports such as those of Thomas³⁵ and Aschoff³⁶ on the effect of low-fat diets during the World War, 1914-1918, in reducing the incidence of arteriosclerosis in Germany, and of Oppenheim³⁷ on the occurrence of marked arteriosclerosis in only 11 per cent of the Chinese in Shanghai, whose diet is low in dairy products. Another means of studying this condition is provided by the fact that ordinary clinical atherosclerosis resembles xanthomatosis associated with cholesterolemia. Muller³⁸ reported this condition in seventy-six persons, and indicated that its occurrence is much more common than was previously believed. In spite of such positive evidence, the relation of foods to arteriosclerosis in man is not generally considered as conclusively proved.

Hypertension is a known cause of arteriosclerosis, but its cause in turn is still unknown, although much work on constriction of the renal artery has been done by Goldblatt³⁹ and others, which indicates that restricted blood flow through the kidneys produces a hypertensive substance. Diabetes is, likewise, a common cause of premature arteriosclerosis.³⁴

Surveys of the racial characteristics and habits of man, made by Glendy, Levine and White,⁴⁰ indicate that the pace of modern life may produce premature arterial degeneration, especially in the emotionally high-pitched races. This tendency is known to be inherited chiefly through the mother, and coronary and generalized arteriosclerosis may be on the increase in young persons. Furthermore, tobacco is suspected of causing premature arteriosclerosis in man, although no confirmation of this belief has been universally accepted.

Diseases other than typical arteriosclerosis, recognized as being rare causes of coronary artery narrowing, are: Buerger's disease, xanthomatosis (previously mentioned), periarteritis nodosa, rheumatic or syphilitic arteritis, gummata, neoplasms and unspecified types of thrombotic diathesis.

PRESENT STATUS

As we enter the fifth decade of the twentieth century we find that some of the work of the past fifteen years fits into the mosaic of current opinion. The experimental work on dogs by Beck²⁸ in 1932, and Burchell⁴¹ in 1940, demonstrated that artificial collateral circulation developed only when the coronary arteries were constricted, and thus confirmed the assumption of Hudson, Moritz, and Wearn⁴² that a similar situation existed in the diseased coronary vascular system.

From such work as that of Kountz and Smith⁴³ on perfused revived human hearts, we conclude that if the blood supply is rapidly diminished to an inadequate flow, infarction may be produced without occlusion of a coronary artery. Gross and Sternberg⁴⁴ and others have shown that infarction may occur as a result of increased demand for blood by the cardiac muscle even without extensive narrowing of the coronary arterial aperture. The

probable improvement in oxygen supply to the myocardium by favorably changing the circulatory mechanisms in certain persons with postural defects and emphysema was accomplished by Kerr, Cannon, and Lagen⁵⁰ through the use of abdominal belts. They demonstrated not only clinical improvement in patients with angina pectoris, but likewise improvement in certain tests of circulatory efficiency, such as measurement of the circulation rate. Careful pathological and clinical correlations culminating in the recent studies of Blumgart, Schlesinger, and Davis⁶ have confirmed that this rapid development of unbalance between demand and supply of blood, which produces infarcts, and patchy myocardial necrosis, is caused by a slowly developing inadequacy of the blood supply of the myocardium. They have also demonstrated the remarkable development of collateral circulation in good-sized vessels (over 40 in diameter) on the gradual narrowing of the regular channels, so that often complete occlusions are observed at autopsy in hearts in which no clinical picture of acute infarction had been noted. Usually two or more occluded vessels result in symptomatic anginal or congestive failure.

CHART 2

Chart 2 is given to summarize briefly the elements tending to affect unfavorably the balance of myocardial demand for oxygen and the available supply. Some of these factors have been discussed previously in this paper. If somewhat broad conclusions are drawn from these data, the occurrence of a "silent" coronary artery occlusion would be suspected on the sudden development of angina pectoris or congestive heart failure without other cause. This condition is estimated by certain workers to occur one and one-half to two times as frequently as the occlusions producing the characteristic clinical picture of myocardial infarction. The suggestion follows that, in order to prevent the increase of oxygen demand by the cardiac muscle, patients should be kept quiet when such occlusion is suspected until adequate collateral circulation has developed. The demonstration that collateral circulation develops slowly with demand likewise explains occasional slow spontaneous "cures" in cases of angina pectoris. Thus we must now recognize not only that coronary occlusion induces myocardial infarction, and that myocardial infarction may occur without coronary occlusion, but also that either or both of these conditions, when they occur slowly, may produce the characteristic clinical picture of angina pectoris or congestive heart failure in contrast to the clinical findings which appear with the abrupt development of a myocardial infarct.

Winternitz, Thomas, and LeCompte⁴⁵ have described subintimal hemorrhages in the coronary arteries which precede occlusion, having been caused by rupture of one of the extensive groups of vessels adjacent to the atheromatous deposits in the arteries. These hemorrhages may explain the occurrence in about 50 per cent of all cases of acute coronary artery occlusion, of a warning premonitory pain which is felt for several hours

CHART 2.—*Concept of Coronary Circulatory Efficiency Balance Between Myocardial Demand for Oxygen and Available Oxygenated Blood.*

Factors Disturbing Balance:

- I. Fall in coronary artery pressure.
 1. Coronary artery disease or congenital anomalies.
 2. Fall in aortic mean blood pressure—aortic insufficiency and stenosis, and congestive heart failure and shock (i. e., surgical). Fall in blood volume or mechanical defects in return of blood to heart.
 3. Tachycardia.
 4. Hypertension—increased perivascular muscle pressure—inadequate capillary supply.
 5. Reflexes causing coronary artery spasm—abdominal disturbances, gall-bladder disease, psychic factors, cold, etc.
- II. Increased demand without adequate increased supply of blood.
 1. Hypertrophy of myocardium.
 2. Valve lesions and hypertension increasing work.
 3. Hyperthyroidism or thyroid administration.
 4. Epinephrin—through more forceful contraction and increased peripheral arterial pressure.
- III. Oxygen content of the blood.
 1. Anemia.
 2. Anoxic anoxemia, i. e., high altitude, poor pulmonary aeration of blood, veno-arterial shunts, and carbon monoxide poisoning.
- IV. Drugs and toxins affecting coronary artery lumen, i. e., pitressin.
- V. Inadequate collateral circulation.

A trend toward adequate collateral circulation develops when pressure in a collateral vessel is higher than in the distal portion of the occluded or narrowed artery. Infarction develops if such circulation is not available when a major inadequacy of blood suddenly occurs. Congestive heart failure and angina pectoris develop when the collateral circulation is relatively inadequate, and with a slow development of this blood supply such evidences of failure are often accompanied by the occlusion of one or more coronary artery branches, even though the signs and symptoms of acute infarction have not developed.

to several days before the occlusion takes place (Feil⁴⁶ and Sampson and Eliaser⁴⁷).

WORK FOR THE FUTURE

As we look into the future, we are confronted with certain problems that are worthy of statement and conjecture. We must look broadly at every case of angina pectoris or congestive heart failure caused by coronary arteriosclerosis. We must consider the transient or permanent factors which cause relative oxygen insufficiency of the cardiac muscle. We must attempt by the examination of clinical histories and laboratory and electrocardiographic criteria to determine what factor or factors have brought about the condition. With greater clinical acuity we should be able to detect most cases of "silent" coronary occlusion, as well as those of slowly or rapidly developing infarction which do not present characteristic clinical patterns. The future treatment of such cases will be advantageously modified only by our increasing ability to diagnose these pathological changes. We hope that a new study of criteria will be made which will enable us to determine just how completely the collateral circulation has developed and how extensively the natural circulation has been impaired.

According to the recent work of Mallory and his associates,⁴⁸ structural recovery of small infarcts takes place in two weeks, that of large infarcts in five weeks; no cardiac rupture ever occurs after the second week. Perhaps many of our patients with characteristic infarction are being confined too long. On the other hand, many patients may require the prolonged limitation of activity which we have given only to those with the characteristic syndrome of acute coronary infarction as clinically recognized. It has been shown that mortality is higher, and dilatation and thinning of the infarcted areas occurs more readily in dogs with experimental infarction that are allowed free activity than in those that are confined for six days after the occlusion.⁴⁹ This is added evidence in support of the rest treatment of myocardial infarction.

CALIFORNIA HEART ASSOCIATION AND OTHER AGENCIES

Not only private investigators, but also the United States Public Health Service and various health departments throughout the country are taking cognizance of both rheumatic heart disease and coronary heart disease as major public health problems, and are making efforts to eliminate them. Certain special activities of the American Heart Association may prove valuable in this public health crusade. This organization has recently attempted through a questionnaire to assemble and to analyze critically the widespread individual experiences of over two hundred physicians in regard to the course, treatment, and results obtained in cases of coronary artery sclerosis. These data should aid in evaluating the present methods of caring for patients with this disease. The California Heart Association is undertaking surveys on the incidence of heart disease, and also is making efforts to analyze the influence of industrial strains on hastening its advance. It is also sponsoring studies of the socio-economic problems arising in the adjustment of such cardiac patients to employment.

That so little has been accomplished to date in decreasing the incidence of arteriosclerosis among the general populace is no reason why we should consider the outlook as hopeless. It may be safely predicted that the concerted efforts of the individuals and agencies working in this field will bring about a decrease in the incidence of coronary artery disease, especially in persons of the fourth and fifth decades of life, and will result in the prolongation of the life span of those now suffering from it.

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FIBROMA OF THE NASOPHARYNX*

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AND

M. F. STOCK, M. D.

Fresno

ALTHOUGH fibroma of the nasopharynx is of a rare occurrence—about one in 164,000 ear, nose, and throat cases—we need generally disseminated information concerning it; otherwise, it is a real emergency when we meet it, and, as treatment has evolved in recent years, we think it worth while to write of it at the present time.

Nasopharyngeal fibroma is usually spoken of as histologically benign, but clinically malignant. Ferreri, quoted by Clark,¹ says that "true pharyngeal fibroma has its origin in the aponeurosis of the sphenoid-occipital recesses, and sometimes attains enormous size, and by anatomical interference, may produce pressure disturbance, sometimes quite serious, occlude the upper respiratory passages, or penetrate the skull and produce symptoms of hypophyseal tumor." It may penetrate the skull through the cribriform plate of the ethmoid bone, or through the pharyngeal vault by way of the sphenoid sinus.

They are attached very firmly to the occipital and sphenoid bones and, as they grow, become firmly joined to the choanal region, and to any bone with which the growing tumor comes in contact, in addition to that of the area in which the growth began.

The nasopharyngeal fibroma is always formidable because of the difficulty of controlling the hemorrhage after the initial steps of operation have started bleeding, but before sufficient excavation can be made to approach the region from which the hemorrhage comes.

Nasopharyngeal fibroma occurs about fourteen times as often in boys as in girls, the great majority of them when they are between thirteen and sixteen years of age. About 21 per cent have occurred at fifteen years of age. The average age has been older in those few occurring in females. As the ossification between the sphenoid and occipital bones is completed by twenty-five years of age, the change in circulation then probably accounts for the fact that these tumors sometimes shrink away after twenty-five.

DIAGNOSIS

As to diagnosis, there is constant and increasing nasal obstruction. A polyp has a typical color and is easily movable, while fibroma is more nearly the normal tissue color and very firm. It cannot be pushed about, and it usually has a sessile base; often with a history of recurrent and profuse nosebleed. Though it be small, it can usually be seen with a mirror in the nasopharynx; if large, it can easily be palpated. It usually projects into the nasopharynx far enough to be easily seen. It may bulge the soft palate forward, and may extend into the oropharynx, one case in the literature being mentioned which extended into the esophagus.

* Read before the Section on Eye, Ear, Nose and Throat, at the sixty-ninth annual session of the California Medical Association, Coronado, May 6-9, 1940.

A projection, or projections, often extend forward into one nostril, in which event, the septum is crowded to the opposite side. In some instances multiple projections crowd, sometimes into both nostrils, while some have grown into the antra, sphenoid sinus, or in other directions. Oftentimes, there has been so much hemorrhage that the patient is pale and poorly nourished. The color of the fibroma is more nearly normal than that of a malignant growth. A biopsy ordinarily aids in eliminating malignancy. After biopsy, packing may be necessary to stop bleeding.

The usual sessile base and toughness of the tissues of the tumor make separation of it from the tissues to which it is attached very difficult. These tumors usually have, running near the surface, large, cavernous blood vessels which have no contractile walls, making bleeding profuse and hard to control. There is sometimes ulceration, caused by pressure during rapid growth of the tumor. Rapid growth may spread the bones of the face when growing out through the nostril, or crowd the orbit and its contents.

TREATMENT

The history of early surgical removal of nasopharyngeal fibroma, before the days of irradiation treatment, gave very discouraging results in a large percentage of cases because of fatal hemorrhage, sepsis, pneumonia, and shock. Lateral rhinostomy, resection of the hard palate, ligation of the external carotid and jugulars, and tracheotomy, were some of the preliminary operations attending early efforts at removal of the growth.

These tumors are very resistant to instrumentation. Forceps of a size that can be introduced into the nostril snap off without much effect, except to produce free bleeding, hard to stop.

OPERATIVE PROCEDURES

Lynch³ mentioned that, in operating, if the tumor can be gotten free at the base, hemorrhage can be much better controlled than if the operation began in the distal part of the tumor. That is a fact, and, probably, because the blood vessels have their normal walls before they enter the tumor at its base and, when severed, will close better than the cavernous type running over the surface of the tumor; so we think surgical removal should begin, if possible, in the nasopharynx. After removal of that part, the part in the nostril, if any of it is there, may be removed later with much less hemorrhage than if one begins biting the tumor away through the nostril first.

Splitting of the soft palate, from the uvula through the median raphe to the hard palate, gives an easy view of the tumor, and the opportunity to begin the operation at its base. Also, we feel we would have no hesitation in resorting to this for the purpose of placing radium needles. They could thus be placed by direct view, and the large blood vessels, and very troublesome hemorrhage could be avoided.

The soft palate can be sutured at once. The stitches will hold it in anatomic position, without any stretch. It repairs at once, and without defect in function. We would not want to leave it un-

sutured any length of time, as atrophy separates the borders widely, and it would be more hard to attain the best results in late closing. However, the degree of exsanguination of the patient might cause one to alter the course.

Keith⁴ in 1925, Martens⁵ in 1927, Pryor⁶ in 1935, and others at various dates, have described the use of irradiation treatment, and the results of treatment have been so much better than the average described in the literature before irradiation, that we think it should be done before any surgery.

By the use of radium the blood vessels in these tumors are changed, probably causing an endarteritis, with the result that the operative hemorrhage is far less bad, and the texture of the tumor is changed so that it is not nearly so resistant to instrumentation.

In some of the cases in the literature, surgery was not required after radium, or radium and x-ray treatment. Keith and Keith⁴ used radium, followed by x-ray treatment over a period of eight days. Six days after radium treatment there was marked improvement, and the beginning of a ravenous appetite. Their patient, over six feet tall, weighing 85 pounds, gained 13 pounds in weight in the next ten days and soon weighed 145 pounds. Two months after the treatment there was no evidence of the tumor remaining, although it had been one of the worst growths as to obstruction and exsanguination, and great pain, requiring six one-quarter grains of morphin a day for relief.

Some have advised 50 milligram hours of radium to be used for each cubic centimeter of tumor tissue. Some have used more, up to a total of about 1125 milligram hours. If the degree of exsanguination does not cause some other course to be followed, we think irradiation before any surgery the procedure of choice. We think no less than 400 to 1000 milligram hours should be used. Some have mentioned using small amounts, such as about 15 milligram hours, and have been skeptical about irradiation. We think that it would not be very valuable if only that amount were used.

After using irradiation two or three times in the proper manner, the tumor is much more easily operable. It may be grasped by a large forceps in the nasopharynx, and some have succeeded in rocking it loose at its base. It may be cut loose there, and as well forward toward the choanae as possible, by curved chisels or knives, or electrosurgery, and the nasopharynx packed to control bleeding; then that in the nostril, if present, removed by biting forceps or chisel in one's hand, not driven by the use of a hammer.

Mention is made in the literature of recurrence after surgical removal. We think radium needles placed in any recurrence the best method to complete the removal. If only a small remnant of tumor tissue is present, the amount of radium and time of application would need to fit.

REPORT OF CASES

CASE 1.—A. C., age 20, a thin, undernourished young man, in December, 1935, complained of nasal obstruction, gradually growing worse in the past year, recurrent nasal hemorrhage and profuse nasal discharge. A firm tumor was found present, almost completely closing the left

nostril. The main body was attached by a broad base in the vault of the nasopharynx. It projected down into the nasopharynx to near the border of the soft palate. It resisted any effort at removal with punch forceps that could be introduced through the nose, and was intensely bloody. The pathological report after biopsy called it fibroma.

For the purpose of making it softer and less bloody, we used 800 milligram hours of radium, screened with silver and rubber, and held in place by a postnasal pack, being placed as well as could be over the tumor where it was accessible, externally, above and over much of its area where it could not be reached with radium tubes. A month later, where the radium had been applied, there was a gray membrane, and the tumor had shrunk away to probably about one-third of the size it was at the time of the first examination. Its texture was then such that it was much more easily cut and was removed surgically, first from the nasopharynx, then from the remainder from the nostril. It was much more accessible than at first, as a result of shrinking from irradiation.

Subsequent examinations in the following year revealed normal function, normal health, and no recurrence.

We would now prefer to apply the radium in needles, rather than in tubes.

CASE 2.—D. V., age 15, consulted us on January 11, 1936, for nasal obstruction and recurrent hemorrhage. The septum was badly deflected, especially at the back. This patient did not tolerate postnasal examination well. The tumor was not as large as that in Case 1, so we did not discover it until after we did a septum resection on January 17. At septum resection, a very solid tumor was found occupying the whole of the left side, and most of the right, of the nasopharynx. It was attached firmly, by a sessile base, to the sphenoid-occipital junction, and forward at the choanal region. After biopsy we placed radium about the tumor, and on February 29 removed the remnant surgically.

There was no recurrence when the boy was last examined in December, 1936. There was a good postnasal space. He had changed from a frail creature to quite the opposite.

CASE 3.—L. V., an emaciated, pale boy, age 12, referred by Dr. John R. Fillmore, consulted us in April, 1939, suffering from extreme nasal obstruction, profuse discharge, and recurrent hemorrhage. Doctor Fillmore had discovered a nasopharyngeal growth. It was a typical nasopharyngeal fibroma. It blocked the left nostril, extending to about the middle of its length, pushing the septum far to the opposite side.

Postnasal inspection revealed a tumor filling nearly all of the nasopharynx, extending down almost to the lower border of the vellum. The soft palate was bulged forward by pressure. It bled easily from the least touch. It was attached to the septum, the hard palate, the middle and lower turbinates, and pterygoid region. In the nasopharynx it was attached to the base of the sphenoid and occipital bone.

This boy was suffering intensely from hay fever. Radium application was suggested, but not used until June 3, when about 850 milligram hours were applied. At operation on June 29, we split the soft palate, and grasped the tumor with a large Brandegee adenoid forceps, then cut it away from its attachment at the base by use of the curved chisel and diathermy knife and desiccated some bleeding points. Postnasal bleeding persisting still, it was controlled by packing, which was retained by being tied forward through the right nostril; then the remnant was removed from the left nostril by forceps, chisels, and electrosurgery.

After pollen desensitization, this boy has gained in weight and grown nicely, and has good nasal function and has had no recurrence of the growth to date.

COMMENT

In the ear, nose, and throat department of the Los Angeles County Hospital, in the service of Dr. J. McKenzie Brown,⁷ a case was shown at a recent College of Surgeons' meeting. Profuse

hemorrhage had been a serious threat to this patient before irradiation and removal of the tumor. There apparently had been an excellent result in their treatment of the case, although the condition was very desperate when treatment was begun, several transfusions being necessary to save the boy's life.

Our first two cases came within two months' time, although the three are all we have encountered. After a wider experience in the use of radium, we think 1000 milligram hours of radium placed by needles under the surface, or in small rubber tubing, properly placed, safe and effective.

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COCCIDIOIDOMYCOSIS*

RELATIVE VALUES OF COCCIDIOIDIN AND TUBERCULIN TESTING AMONG CHILDREN OF THE SAN JOAQUIN VALLEY

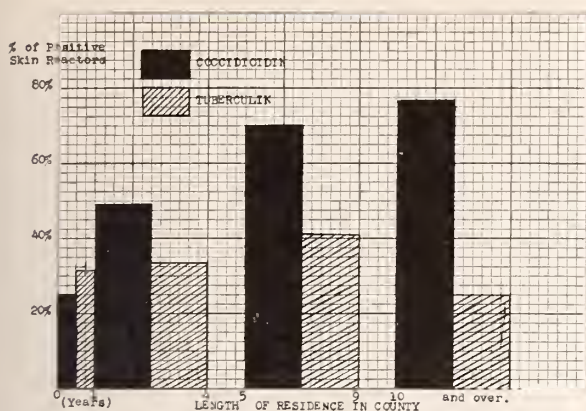
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OUTSIDE of the San Joaquin Valley—where coccidioidomycosis may be said to be endemic—the disease, caused by inhalation of the vegetative form of the fungus (the severe granuloma as well as the commoner and more benign form, called "valley fever"), is relatively uncommon.

The employment of the coccidioidin skin test as a case detector was not used on a large scale in this vicinity until 1936, after the initial work of Gifford,¹ who first suggested that there might exist a significant relationship between the incidence of erythema nodosum as it occurs in the San Joaquin Valley, and the coincident discovery by the County Public Health Laboratory staff of the double-walled spherules, characteristic of the fungus in the sputa of some of these patients. Gifford noted in all instances of erythema nodosum associated with the fungus involvement of lung and mediastinal tissue that the coccidioidin skin test was markedly positive.

The work of Dickson^{2a} served to further clarify the disease entity now named by him "Coccidioidomycosis—primary inspiratory type," and to distinguish between the two forms of the disease,

* This study was aided through the Rosenberg Foundation, San Francisco, California.



namely, the commoner and benign form, with or without erythema nodosum, but associated with pulmonary symptoms and the recovery from the sputum of double-walled spherules characteristic of the *Oidium coccidioides*. Contrasted with this is the progressive and more malignant granuloma form of the same disease, with its protean manifestations, and with which the medical profession is more familiar.

The research work of these investigators served to stimulate interest, particularly among local physicians, in noting the prevalence of both forms of the disease in this valley.

Just as the tuberculin test has been in use for a number of years among diagnosticians as a case and contact detector, so the coccidioidin test has been employed here in the past four years in an effort to determine the percentage of infected individuals residing in this vicinity.

Wallgren³ was among the first to point out the fact that in primary tuberculosis of pulmonary origin the appearance of erythema nodosum heralds the time when the bacillus has completed its first stage of tissue invasion; a point where tissue sensitivity to the tuberculo-protein is supposedly at its highest. A comparable tissue allergy seems to exist in instances of erythema nodosum associated with infection by the coccidioides *Oidium*. The skin test of one patient reported by myself⁴ in an earlier paper having been negative at the onset of the illness, became markedly positive nine days later when the erythema nodosum was at its height, and at which time the endospore-forming form of the fungus was recovered from the sputum.

Because of the clinical as well as the roentgenological similarity between early coccidioidomycosis and primary pulmonary tuberculosis, and the significance attached to positive Mantoux reactions in childhood, a series of over two hundred children were observed at random as they entered the pediatric clinic of the Kern General Hospital between the spring months of 1937-1938. Regardless of presenting complaints, Mantoux and coccidioidin tests were given simultaneously to determine only the relative incidence of the two diseases in this county. There has been no attempt in this study to correlate the skin-test findings with later x-ray and laboratory follow-up work.

Materials Used.—For the Mantoux, 0.1 milligram of O. T. was used, and the reaction read and

recorded at the end of twenty-four and forty-eight hours.

One milligram of coccidioidin material was employed and similarly read and recorded.*

TABLE 1.—Age Groups

Two hundred and sixty-seven children, ranging in age from five months to nineteen years, were included, and divided into four groups.

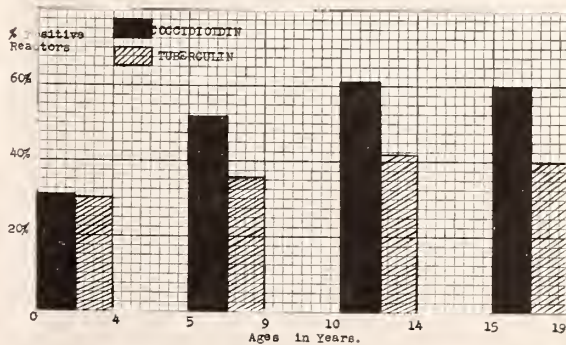
Group	No.	Ages	Per Cent Positive to	
			Cocci-diodin	Tuber-culin
I	43	0-4 yrs.	31%	30%
II	108	5-9 yrs.	52%	36%
III	106	10-14 yrs.	61%	42%
IV	10	15-19 yrs.	60%	40%
Total	267			

Sex Distribution.—There were thirty-five more female than male members in the entire group, but the findings for both sexes were about equal.

TABLE 2.—Sex Distribution

Sex	No.	Per Cent Positive to	
		Coccidioidin	Tuberculin
Male	116	54%	38%
Female	151	51%	37%
Total	267		

In a recent study conducted by Dr. C. E. Smith⁵ of Stanford University Medical School, on the incidence of primary coccidioidomycosis in the San Joaquin Valley, he found the ratio of infected males to one hundred females between the ages of 0-14 years to be 77:100. However, with increasing age, he noted that the proportion of infected females became greater, so that by the fifth decade of life there were only two infected males to ten similarly affected females.



In the present survey of coccidioidin reactors, the male-female ratio was 82:100—a significant parallelism seeming to exist between the disease incidence and the percentage of positive skin reactors between the two sexes.

* Prepared by the Department of Public Health and Preventive Medicine at Stanford University School of Medicine, San Francisco, California.

RACE DISTRIBUTION

Of the total number tested, 216 were of the white race, and of this number 31 per cent were positive to the Mantoux, and 51 per cent to coccidioidin. There were thirty-five Mexicans in the group, of which 65 per cent reacted positively to tuberculin and 54 per cent to coccidioidin. Of the thirteen negroes, 61 per cent were positive to both Mantoux and coccidioidin tests.

TABLE 3.—Race Distribution

Race	No.	Per Cent Positive to	
		Coccidioidin	Tuberculin
		No.	No.
White	216	51% (111)	31% (67)
Mexican	35	54% (19)	65% (23)
Negro	13	61% (8)	61% (8)
Indian	2	 (2)	50% (1)
Chinese	1	100% (1)	 (1)

CASE-REACTOR RATIO

That all cases of primary coccidioidomycosis are not accompanied by the characteristic erythema nodosum has been brought out by Dickson^{2b} in 1938, diagnosis being made only when the culture of sputa revealed the typical fungus. Gifford noted⁶ in an extensive survey of Kern County school children who were coccidioidin-tested that only 11 per cent of some 302 positive reactors admitted knowledge of having had erythema nodosum or "San Joaquin fever bumps" at some time or other, and only 22 per cent remembered having had symptoms of pleurisy, influenza, or pneumonia in the past.

Smith noted that in two different sections of the Valley the incidence of primary coccidioidomycosis to coccidioidin reactor was quite low, being 1:75 in one instance, and 4:143 in another. From his observations he estimated that, of the newcomers to this community in the past five years who had acquired their coccidioides infection, only one out of twenty had frank erythema nodosum.

In the study here presented, forty-two markedly positive skin reactors to coccidioidin, who presented no symptoms or history of erythema nodosum, had stomach washings performed. Of this group only two specimens proved positive for the fungus on culture and guinea-pig inoculation, which makes the case-reactor ratio for this small series 1:21.

LENGTH OF RESIDENCE IN THE COUNTY

In all of these studies perhaps the most interesting as well as significant fact is that, with increased length of stay in the Valley, there is a noticeably heightened percentage of positive coccidioidin reactors, far exceeding the customary rise in tuberculin reactors.

In contrast to the rise in percentage of coccidioidin-sensitive individuals with increased stay in the Valley, Smith⁷ noted that nearly one-half of the 432 cases of erythema nodosum or "valley

fever" observed by him during a period of seventeen months had resided in this locality less than one year, two-thirds less than two years, while only one-ninth of the total number of cases had lived ten years or longer in the Valley. These observations suggest that primary infection with the fungus must occur more frequently during the earlier part of the individual's residence in this area.

TABLE 4.—Length of Residence in Kern County

Years in County	No.	Per Cent Positive to	
		Cocci- dioidin	Tuber- culin
Less than one year	40	25%	32%
1-4 years	108	49%	33%
5-9 years	69	70%	41%
Ten years and over	50	76%	25%
Total	267		

COMMENT

In view of the aforementioned facts, and the observations made by previous investigators that skin sensitivity to coccidioidin is first acquired after the completion of the primary stage of tissue invasion by the fungus, one feels justified in assuming that the large percentage of positive skin reactions found among residents of the San Joaquin Valley signifies that infection by the oidium has occurred (in these individuals) at some time or other with or without erythema nodosum.

Moreover, in a vicinity where this disease is endemic, it would seem that the case incidence of the granuloma stage should be higher and more virulent than it is, but actually more deaths are reported from tuberculosis in Kern County in one year than from coccidioidomycosis in the entire thirty-eight-year period, when the first case was reported.⁶

From his 432 cases of "valley fever," and his case-reactor ration of 1:20, Smith estimates⁷ that these instances of San Joaquin fever should represent some 8 to 10,000 coccidioidin reactors—or "new infections" with coccidioides immitis—in the areas studied.

These estimates point to the relatively benign, as well as the universal nature of the primary or early stage of fungus infection, and tempt one to speculate whether or not individuals so infected have not thus acquired a state of heightened resistance against further invasion by the organism, since the occurrence of coccidioidal granuloma in "valley fever" patients is quite uncommon.

At the moment, however, one must be content to admit that a positive coccidioidin test, in the absence of erythema nodosum, fever, weight loss, cough or sputum, merely signifies that, at some time or other in his life, the individual has been infected by the oidium.

While it is true that the skin reaction is most marked during the height of the primary infection,

or when the erythema nodosum is maximum, this same degree of cutaneous reaction may continue for a number of months to a decade or more after the process has subsided, and, in the absence of symptoms, has little bearing on the prognosis of the disease.

This conclusion is in agreement with that of Stewart,⁸ who likewise found, in studying some 188 school children, that the average level of cutaneous allergy to tuberculo-protein is independent of the amount, character or presence of the primary tuberculous lesion.

SUMMARY

1. Two hundred sixty-seven children, taken at random from the Pediatric Clinic of the Kern General Hospital, and ranging from the ages of 0-19 years, were tested simultaneously with 0.1 cubic centimeter of Koch's O. T. 1:1000 (0.1 milligram) and coccidioidin 1:100 (1 milligram).

2. It was found that there was a noticeably higher incidence of coccidioidin over tuberculin reactors as the length of residence in the county increased.

3. The low ratio of "valley fever-coccidioidin" reactors noted in this and other surveys points to the relatively benign as well as universal nature of the primary phase of coccidioidomycosis infection as it exists in the San Joaquin Valley.

4. Progression into the later and severe granulomatous stage of the disease only occurs when tissue and lymphatic resistance are overcome and generalized dissemination takes place via the blood stream.

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CONVULSIVE STATES: THEIR DIFFERENTIAL DIAGNOSIS AND MANAGEMENT*

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IT is customary to begin present-day discussions of epilepsy with the statement of Hippocrates, who wrote that "Whoever can render a man humid and dry, hot and cold by regimen, could also cure this disease." We might also quote Scripture where the physician said, "This kind (of devils) can come forth by nothing, but by prayer and fasting."¹ From the standpoint of curing long-standing cases of epilepsy, our modern methods do not offer much of an improvement over these suggestions. However, there is some hope of reducing the number of institutional epileptics by proper management of the extramural patient who has not yet experienced more than a few seizures.

The purpose of this paper is twofold: First, a theory concerning chronically recurring convulsions will be presented. No individual part of this theory is original, but rather it seems the logical expression of a vast amount of research done by so many people that it would be impossible to name them all. The simple statement of such a theory might be helpful to those engaged in research, and also serve as a practical means of orientation for those who treat patients in all stages of the disease.

Secondly, the differential diagnosis and management of patients afflicted with recurring attacks of petit mal and grand mal will be presented from the viewpoint of the general practitioner, who, after all, is the one called upon to take care of most of the early cases. For convenience, the term "epilepsy" will be used instead of the longer, purely descriptive term of "recurrent attacks of grand mal or petit mal"; although, admittedly, "epilepsy" is a poorly defined entity in the light of our present knowledge. "To call a patient 'epileptic' means almost nothing in an explanatory sense—it is merely calling him a name."

THEORIES CONCERNING CONVULSIONS

Certain chemical poisons are capable of producing convulsions in any individual, *i. e.*, strychnin, lead, metrazol, bacterial toxins, uremia, etc. The theory here presented may be applied, as a whole, or in part, to all convulsions occurring in man, with the possible exception of those caused by chemical poisons.

A given individual may be a "potential epileptic" as a result of either (1) the inheritance of a brain which is susceptible to seizures; or (2) events which occur after conception, including developmental defects in the brain and organic changes resulting from brain tumor, infection, trauma, or vascular disease of the brain; or (3) a combination of two or more of the above factors.

Particularly during the period of growth there may occur fluctuations in the chemical or hormone equilibrium of the blood which are sufficient to

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precipitate a seizure in the "potential epileptic." Fundamentally, a seizure is the result of an abnormal activity of neurones in the brain. This abnormal activity can be demonstrated as abnormal waves in electro-encephalographic tracings (cerebral dysrhythmia). After a period of time the imbalance of the hemic equilibrium may become corrected. However, if a sufficient number of seizures have already occurred, the mechanisms of habit formation and "conditioning" may act as precipitating causes of some or all of the subsequent seizures in some patients. Physiologists² have explained the phenomena of habit formation as due to the fact that nerve impulses which have traveled over a certain nervous pathway, as a result of a given stimulus, tend to follow the same pathway again when the given stimulus is repeated. Now, if another different but less intense stimulus is applied simultaneously with the first, impulses are apt to pass along that same certain pathway, and after these two stimuli have been applied several times simultaneously, the application of the second stimulus alone will cause impulses to travel over the same old pathway. This principle, which is known as conditioning, has been proved many times by experiments on animals, as well as on infants.

Since the neurons which are susceptible to habit formation and conditioning are the same that are responsible for epileptic seizures, it follows that habit formation and conditioning may play important rôles in the perpetuation of seizures after they have once begun.

Thus, in some cases of recurring seizures, one might expect that a repetition of the particular environment or combination of stimuli present at the onset of previous seizures would cause another seizure. Cases herewith presented seem to illustrate such a phenomenon.

Heredity is an important etiologic factor in a very high percentage of epileptics. The question remains as to just what is inherited. To say that a person inherits a tendency to have abnormal activity of the cerebral cortex satisfies some investigators, but not others. An abnormal permeability at the surface of nerve cells has been postulated, but not proved. However, the principle that therapeutic measures which decrease cell membrane permeability are effective in raising the threshold for convulsions is now fairly well established, both experimentally^{3,4} and clinically.

Imperfect and incomplete though this theory may be, it is, nevertheless, useful clinically in helping us choose which type of therapy to use for each particular patient. It is much better than no theory at all, and much better than many theories which have already been disproved. It is susceptible to proof and further elucidation through clinical research. It will probably be modified or improved as time marches on.

DIFFERENTIAL DIAGNOSIS

Cobb has listed sixty different clinical entities which may be associated with convulsions. Many of these, such as carotid sinus tumor, are quite rare. In others a convulsion is a rare occurrence in the course of disease, which is readily recog-

nized by other prominent signs and symptoms. After excluding chemical poisons, hysteria, rare diseases associated with convulsions and diseases which are only rarely accompanied by convulsions, there remains a large group of cases, most of which have been previously classified as epilepsy. But within this latter group there still exists a diagnostic problem in order to determine the particular etiologic factor or factors which are the most important in each case. By careful study and observation of each individual patient who comes to our attention in the early stages of his disease, we should be able to rescue quite a number of people from the embarrassing plight of those afflicted with long-standing, incurable epilepsy. Herewith are discussed some clinical conditions associated with convulsions, but in which it is often difficult or impossible to differentiate from idiopathic epilepsy in the early stages.

The very fact that the early differential diagnosis is so often difficult makes us suspect that these metabolic disturbances are often associated with the beginning of so-called idiopathic epilepsy, and that comparatively slight deviations from the normal may be the trigger mechanisms that start off epileptic seizures in "potentially epileptic" individuals.

Infections.

When called to see a patient having his first convulsion, the physician's first thought is to take the patient's temperature, particularly if the patient happens to be a child. It is next to impossible to get either a history or a physical examination completed until the convulsion is stopped. If the body temperature is elevated, the convulsions usually can be stopped promptly with a tap-water enema or a tepid pack.

The simultaneous occurrence of acute infections and convulsions is somewhat paradoxical and confusing until the relationship of the time of the convulsion to the duration of the infection is analyzed. Patients who have been having several seizures per day for many months are often free of convulsions during the course of a febrile disease, yet a severe convulsion frequently heralds the onset of an acute infection in early childhood, *i. e.*, pneumonia. The rapid accumulation of bacterial toxin, or virus, at the onset of an acute infection may be sufficient to activate the sensitive nerve cells, but in a systemic infection with a slower onset the anti-convulsive effects of dehydration and acidosis are sufficient to inhibit convulsions.

If the patient's temperature is elevated, treatment is, of course, directed to the acute infection found to be responsible; but if there is no elevation of the body temperature an exhaustive study and prolonged observation of the patient are indicated.

Hyperinsulinism.

If a history is obtained of repeated convulsions always occurring more than four hours after a meal, the possibility of hyperinsulinism must be considered. Offhand, one might expect that it would be a simple matter to decide the issue with a glucose tolerance test, but in the early cases the results are often equivocal. The administration of

20 to 40 units of insulin to see if a convulsion is produced thereby is a useful diagnostic procedure in grand mal cases. Insulin will not produce grand mal seizures in epileptics. However, Lennox and the Gibbsses⁵ have shown by electro-encephalograph studies that insulin can increase the number and frequency of petit mal waves in a patient with a well-established diagnosis of petit mal epilepsy.

Tetany.

Infantile tetany is a definite clinical entity easily recognized by a history of vitamin D deficiency in the diet, special clinical signs, and a decrease in serum calcium. "Latent tetany" is less well defined, and is often indistinguishable from cases that have been diagnosed as epilepsy. Probably many cases that have been reported in the literature as epilepsy could just as well have been called latent tetany, and vice versa. The following case is illustrative.

REPORT OF CASE

CASE 1.—E. M., age 25, was brought to the office on December 20, 1938, at 4 p. m. soon after he had fallen in a lavatory. His fellow employees heard him fall. After gaining entrance to the room, they found him sitting in a corner with his head drooping forward on his chest. He seemed confused for several minutes, but was able, with assistance, to walk to the office.

For about five years he had been subject to momentary spells, during which he felt helpless, could not talk, but nevertheless was conscious of what was going on around him. A person who observed one of these attacks stated that the patient looked blank and stuttered a little. Except for the attack which brought him to the office, none of them had lasted more than two seconds. For thirty seconds before this he was able to "feel" that a spell was coming—a light tingling sensation which starts at the feet and gradually moves upward. The spells tended to occur in groups, two or three in a week, and then none for several days. When attacks began in 1933, they were followed by nausea lasting about one minute. He actually vomited on two occasions, but as time went on the nausea failed to accompany the spell. During the third and fourth years after the onset, the patient noticed that the spells were apt to occur whenever he heard someone repeat a certain phrase.

In 1937 he took cod-liver oil for several months, but this did not influence the frequency of the attacks. A survey of his dietary habits revealed that he had taken no milk for over fifteen years, and that he naturally chose a diet comparatively low in calcium content.

The patient had undergone two operations for right inguinal hernia, one in 1929 and one in 1932. A general anesthetic had been used for both, and there was a light attack of postoperative pneumonia following the second operation. In childhood he had spent about one year in bed for the treatment of "rheumatism." He did not recall having a fever, but the joints were stiff and sore.

Family History.—Father alive and well. Mother now well, but had a goiter removed in 1937. Two sisters and one brother alive and well. Patient unable to recall that any of his relatives ever had epilepsy, mental disease, migraine, asthma, hay fever, or tuberculosis. Maternal grandfather drank heavily at times.

When first brought to the office, a careful physical examination disclosed no abnormalities except that the face appeared pale. However, when he was reexamined one week later, Chvostek's sign was positive on both sides, and a positive Trousseau sign could be elicited after having the patient hyperventilate. The serum blood calcium determined at this time was 7.5 milligrams per 100 cubic centimeters.

He was advised to take more of the foods with a high calcium content and two grams of calcium gluconate three times a day was prescribed. He took the medicine rather irregularly for a few months and then stopped it altogether. In November, 1939, he was again seen and persuaded to coöperate in a clinical experiment to ascertain the relation-

ship between calcium therapy, the level of calcium in the blood serum and the frequency of his seizures. These relationships are depicted graphically in the chart.

COMMENT

If a blood specimen had not been obtained the day before calcium therapy was started, this case could have been reported as one of tetany that responded quite dramatically to calcium therapy. However, inasmuch as the patient several weeks later had a few seizures when the blood calcium was above normal, it might be considered to be petit mal epilepsy.

On the other hand, it can be argued just as effectively that this patient had a mild calcium deficiency associated with a mild degree of hypoparathyroidism for a number of years; that the hypocalcemia occasionally led to uncontrollable, abnormal stimulation of some of the more sensitive neurones just as occurs in tetany; that after several repetitions of this abnormal neuronic activity the involved neurons became conditioned to auditory stimuli in the form of a certain phrase of speech; and that, eventually, the uncontrollable activity of the neurones became habitual. Thus, one might conclude that tetany was the original underlying cause of seizures, even though the diagnosis of petit mal epilepsy is correct at the present time.

From the patient's viewpoint, it does not make much difference. Patients who show evidence of calcium deficiency should be given the benefit of calcium therapy, regardless of the diagnosis.

"ORGANIC" EPILEPSY

Whenever convulsions occur in infants without fever, a congenital developmental brain defect, or birth injury to the brain must be considered as the most probable diagnosis, provided tetany can be excluded. In childhood and adult life the possibilities of brain tumor, vascular lesions and post-traumatic or postinfectious, scarring of the brain must be added to the above. If a careful history and neurologic examination suggests any of these possibilities, air encephalography and electroencephalography should probably be done, especially if facilities for good brain surgery are available. However, it must be admitted that even in properly selected cases the results of brain surgery for the cure of convulsions *per se* are not very encouraging, particularly in the light of long post-operative follow-ups. Six years after operation, Penfield found that 46 per cent of his patients were free of seizures.

TREATMENT OF RECURRING SEIZURES

Because of the clinical observation that repetition of seizures tends to favor the occurrence of more seizures, the employment of measures which prevent or decrease their frequency cannot be considered as mere palliative therapy. Such measures include (1) the elimination of precipitating causes, (2) raising the seizure threshold, or (3) a combination of both methods. The decision as to which method is best for the individual patient rests on a careful evaluation of all the factors involved in that particular case. However, in general, the elimination of precipitating causes is most useful in

early cases of less than five years' duration, whereas, in long-standing cases, measures designed to increase the seizure threshold are the only ones that are effective. But the patient's age, occupation, willingness to cooperate, and the frequency of his seizures, must also be considered.

The elimination of precipitating causes involves (1) the elimination of stimuli to which the neurones have been conditioned in such a way as to cause seizures, and (2) the possibility of correcting an imbalance of the hemic equilibrium in very early cases. Regarding the latter possibility, very little is known and much research is needed; hence it is usually impractical for general use at the present time. The elimination of conditioned stimuli is not always practical. For instance, if a business man were conditioned to a certain phrase of speech used commonly in ordinary conversation, it would not be possible to eliminate such a stimulus. However, in other instances it is fairly easy to accomplish and may by itself prove to be all the treatment that is necessary, as is illustrated in the following case:

CASE 2.—C. H. had his first seizure in November, 1934, at the age of eighteen years. He had had a total of ten seizures when he was first seen in March, 1938, or an average of about three seizures a year. He lost consciousness with each spell, and every one of them had occurred either immediately after awakening or within two hours after awakening in the morning. Further observation over a period of two more years demonstrated the fact that every seizure has followed fatigue. The patient is a college student, who earned part of his income by playing in a band for dances once a week.

In July, 1935, about seven months after his first seizure, several laboratory tests were done. The glucose tolerance test showed a hypoglycemic tendency. The red blood cell count was interesting, and was repeated at varying intervals as follows: July, 1935: 6,200,000; March 15, 1938: 8,780,000; March 22, 1938: 5,216,000. Weekly blood counts from April 6, 1938 to May 25, 1938, inclusive, varied within normal limits (5,000,000 to 5,425,000). There had been no fever, exposure to hot weather, or other cause for dehydration at the times these counts were taken. The water restriction régime was not tried until several months later.

Until January 10, 1940, the seizures had invariably occurred the morning after he had stayed up late playing at a dance. On that day a seizure occurred at 11:30 p. m., after a particularly busy day when he had been obliged to rush around considerably in order to keep appointments. He was limiting his fluid intake to less than one quart per day at the time when this seizure occurred. As this treatment had apparently not been successful, he was advised to stop playing in the band and to go to bed before 10:30 every night. Since following this advice, there have been no seizures, but it is, of course, too early to evaluate the effectiveness of this treatment in this particular case.

COMMENT

Many therapeutic measures which raise the seizure threshold are available. Lennox and McQuarrie have depicted them graphically in different ways. Lennox uses the simile of a reservoir which is being dammed back by the various therapeutic factors, but is being filled at the other end by other factors tending to cause seizures, and McQuarrie uses a segmented circle in order to illustrate the relative clinical importance of the available therapeutic possibilities. These methods of therapy include fasting, the ketogenic diet, limitation of water intake, mental hygiene, physical hygiene, and drugs.

With the right kind of coöperative parents it is usually possible to control seizures in children by dietetic measures, but most ambulatory adults are not satisfactorily controlled in this way, and for the following reasons:

1. There is no third person present to enforce the prescribed régime.

2. Many adults do not eat regularly at home, and it is difficult to select a ketogenic diet from a restaurant menu or at the home of a friend.

3. Often the epileptic patient does not appreciate the seriousness of his own situation, and will not go to so much trouble to prevent infrequent seizures; after a long free interval, he is apt to regard himself as cured, regardless of what his doctor tells him.

Bromids, phenobarbital, and dilantin are the most useful drugs. A priori, one might expect ammonium bromid to be more useful than the others because it combines mild sedation with the acid-forming effect of the ammonium ion. By means of clinical research, Proeschler⁶ has demonstrated that such is actually the case. If bromids or phenobarbital are not effective in a dose smaller than that which produces an undesirable degree of sedation with blunting of the intellect, they should be combined with other forms of therapy rather than increasing the dose. Paskind has shown that some ambulatory patients can be satisfactorily treated with bromids alone for many years without producing bromism or impairing intellectual activity.

Lennox⁷ has just recently discussed drug therapy in a review which can be read profitably by anyone who treats patients subject to seizures. A synergism between phenobarbital and dilantin in preventing seizures has been demonstrated by Cohen, Showstack, and Myerson.⁸ In using the latter drug the patient must be kept under close observation at first in order to minimize the possibility of undesirable side effects.

Ammonium chlorid or other ammonium salts can effectively prevent seizures if given in large enough doses. Often it is more desirable to use them along with small doses of phenobarbital.

In many cases a combination of two or three types of therapy is preferable. For example, a combination of the elimination of conditioned stimuli and ammonium bromid may be used as in the following case:

CASE 3.—P. M. began having nocturnal convulsions in October, 1938, at the age of fourteen years. Typical grand mal seizures were described by her father, although with some of the attacks she did not lose consciousness completely. Seizures occurred at the rate of one to six per month, and always happened when she was sleeping. Occasionally there was a seizure when she was taking a nap in the afternoon.

Physical examination showed no abnormalities and the laboratory examinations were all negative, except that the glucose tolerance test showed a low blood sugar at the end of four hours. On September 13, 1939, the possibility of a diagnosis of hyperinsulinism was finally ruled out by giving her 20 units of insulin, which brought the blood sugar down to 52 milligrams per 100 cubic centimeter in one-half hour, but did not produce a seizure.

The patient was in a hospital for a week in March, 1939, and again in October, 1939. Single doses of phenobarbital .1 gram or dilantin .1 gram at bedtime had not prevented the occurrence of nocturnal seizures. However, it

was noted that she never had seizures when she was in the hospital, even though she received no medication there. Upon returning home from the second stay at the hospital, the patient was placed in an entirely different bedroom with new furniture, and the father slept in an adjacent room, rather than sleep in the same room with her as has had been the custom previously. (The patient gave a cry at the start of a seizure, so the father, who is a light sleeper, would still have been able to hear her.) Simultaneously, the patient was started on ammonium bromid 0.5 gram four times a day. This dose was reduced once a month and finally discontinued altogether on April 2, 1940. No seizures have occurred since this régime was started (seven months).

Calcium lactate, 20 to 30 grams daily in divided doses, may prove useful in properly selected cases, particularly those which show any clinical evidence of tetany.

SUMMARY

1. A working theory of etiology and pathogenesis, consistent with present-day knowledge concerning recurrent seizures, is presented.

2. The differential diagnosis of convulsive states is discussed.

3. The treatment of "epilepsy," based on the aforementioned theory, is discussed and illustrated, with emphasis on the desirability of individualization.

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PROGRESS IN THE EXAMINATION OF SEMEN RELATIVE TO FERTILITY*

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WE have been slow to realize, until the last twenty years, that from 30 to 50 per cent of barren marriages may be attributed to the male partner. Even though this fact has been established, attention to the examination of the semen has lagged, and it is only since Moench,^{1, 2, 3, 4} about ten years ago, utilizing W. W. Williams'⁵ thorough re-

search upon the semen of bulls, made a marked step forward with his studies of the morphology and biometrics of the spermatozoa of man, that intensive study of this subject was stimulated.

Advances in our knowledge of the chemistry and physiology, not only of the genital system, but also of anatomically distant but closely interrelated systems of the body, have caused us to radically alter our views. Today we know that there is a marked interdependence of the gonads and other members of the endocrine system, and the accessory sex organs are dependent upon them. In particular, the gonads, anterior pituitary, thyroid and adrenals must be considered in all investigations of sterility.

RÔLE OF VITAMINS AND HORMONES

Our knowledge of the requirements of the body for its proper function, and particularly of the sexual and reproductive processes, has been enhanced by the discovery of the vitamins. Lack of either of the vitamins A or E has been conclusively proven to cause degeneration of the testes, and to affect ovarian function adversely. An intelligent study of lowered fertility must include an evaluation of the part played by the hormones and vitamins.

Analysis of the semen gives us a measure which aids us, not only in determining relative fertility, but also in checking the efficiency of our treatments. Extensive research with laboratory animals has shown that, next to actual production of gestation, this analysis is the most important measure in determining the cause and cure of lowered fertility and faulty reproduction.

COLLECTION OF THE SPECIMEN

The specimen should be collected in a small glass container, as a condom may affect unfavorably the viability of the sperm and reduce the volume of semen. If a condom is used, the contents should be transferred immediately to a suitable glass receptacle. A "condom specimen" is often brought to the office; but unless the examination shows it to be apparently of high fertility, it should be rejected, and further specimens studied.

The container should be kept at a moderate temperature and the patient warned against exposing it to extremes of heat or cold. Owing to the increased consumption of energy at body temperature, and the consequent decrease of endurance, it should not be carried next to the skin, as was formerly advised.

The most satisfactory method of obtaining the specimen is by withdrawal at the time of intercourse, and not sooner than four days after the last intercourse.

In most patients, the psychical disturbance incident to masturbation, especially at the physician's office, may give a misleading sample. This procedure, however, frequently gives satisfactory results.

The most favorable time for examination is from one to two hours after ejaculation, as by this time liquefaction has usually occurred.

NATURE OF SPECIMENS

Since certain findings are undisputed, I shall not, in every case, burden a paper of this type with references and discussion. For instance, the fertile

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Fig. 1

Fig. 1 (Case 1).—N. C. B. Fertile case (normospermia). Normal and abnormal spermatozoa in one field. Legends: (a) Slightly tapering cell with coiled tail; (b) cytoplasmic remnants on middle piece; (c) partially naked axis cylinder; (d) deformed middle piece.

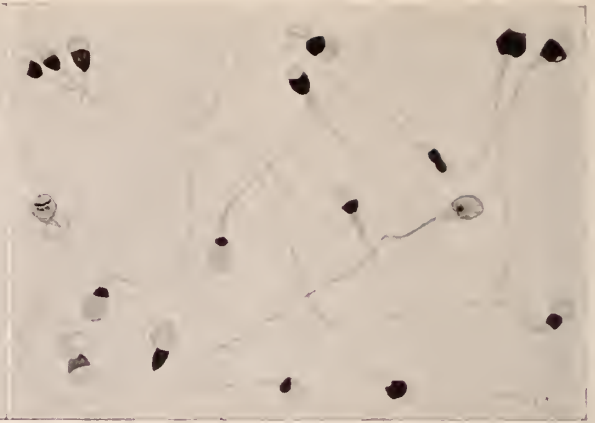


Fig. 2

Fig. 2 (Case 1).—N. C. B. Fertile case. Same as Fig. 1, but showing high percentage of abnormal in one field. Note irregular and vacuolated head forms; deformed middle pieces.

male's normal amount of semen usually varies from $2\frac{1}{2}$ to 6 cubic centimeters; the viscosity at first is slight, then tends to increase, and the specimen rapidly liquefies. Very watery or very thick specimens are abnormal, the former usually containing few cells. Both the viscosity and the volume are dependent in a large measure on the activity of the accessory sex glands, most of the semen, by far, being produced by these organs. Similarly, with the exception of the spermatozoa, most of the formed elements are from these glands, and the passages through which the spermatozoa pass. In normal semen, masses of cytoplasm, which are cast off in the metamorphosis of the spermatozoa, are present. These are greatly increased in cases of lowered fertility.

EXAMINATION OF THE SPERMATOZOA

The most important part of the analysis is the examination of the spermatozoa. Our knowledge and methods of investigation of this very essential constituent of the semen are still in an elementary and formative stage. Arbitrary interpretations have had to be placed on these findings.

Viability of the sperm is dependent upon many external factors, as well as upon an inherent quality of the sperm itself. According to Belding,⁹ "Viability depends upon the temperature at which, and the menstrum in which, the sperm are held." He found that motility continued longest at 8 degrees centigrade, and in Baker's fluid. Under these conditions motility endured for an average of 153 hours, as compared with 96 hours in the spermatic fluid. At 37.5 degrees centigrade, they were active only 23 hours in either. Moench found that sperm from the same ejaculate lived longest in the ice-box (4 to 5 days), 18 hours in the incubator and 36 hours at room temperature. Knaus²¹ has shown that transplantation of the testis into the abdominal cavity of rabbits results in a degeneration of the seminiferous tubules, evidently due to the fact that the abdominal temperature is higher than that of the scrotum.

The pH of semen is usually above 7.5 and below 8.5. Slight variations beyond these limits have a deleterious effect upon the motility. (Muschat,¹⁷ Schlenk and Kahmann.¹⁸)



Fig. 3

Fig. 3 (Case 2).—J. M. B. Poikilospermia; practically all cells abnormal. Note irregular staining. Legends: (a) Oval (normal form); (b) narrow solid staining head with cytoplasmic rest; (c) greatly deformed head with partially naked axis cylinder; (d) normal head form with double tail.



Fig. 4

Fig. 4 (Case 3).—E. B. R. Poikilospermia. Note great irregularity in size, shape and staining. Legends: (a) tapering cell; (b) cytoplasmic rest.



Fig. 5

Fig. 5 (Case 4).—S. J. Oligospermia (moderate); asthenospermia; poikilospermia (moderate). Note irregular shape and staining; unusual posterior end knob formation, upper right corner.



Fig. 6

Fig. 6 (Case 5).—Oligospermia (marked); asthenospermia; poikilospermia (marked). Practically all heads are irregularly shaped, various sizes, with irregular staining. Many double or more tails. Note high percentage of spermatogenic cells.

The production of lactic acid and carbon dioxide through the metabolism of the sperm affects unfavorably the surroundings of the sperm (Redenz¹⁹), and this change in turn affects the sperm adversely.

The vaginal and cervical secretions have a direct effect upon the ability of the sperm to continue its passage through the female genital tract. Vaginal acidity apparently kills most of the spermatozoa, but stimulates the motility of many in their efforts to reach the more favorable alkaline content of the upper part of the tract (Sequey and Vimeux).²⁰

Contrary to popular medical opinion, motility is not identical with fertilizing ability, as has been shown by many investigators (Hammond and Asdell,⁷ Young,⁸ Knaus²¹). There can be no doubt, however, that motility is essential to fertilization in the human; but up to the present its exact rôle remains obscure.

TIME OF EXAMINATION

For the study of the motility of the spermatozoa, the semen should be examined within an hour after the time it is ejaculated. Practically, it is often diffi-

cult to obtain the specimen in less than two hours, but this usually gives us nearly as much information. Immediate microscopic examination of the fresh wet specimen is, of course, indispensable for determining motility factors, such as the percentage of sperm showing motility, the grade of motility and its duration.

The oil immersion, as well as the low and high dry objectives should be used, as this gives a more comprehensive and detailed picture than if only one of the objectives is used.

The fresh, unstained specimen is important not only in the study of the motility of the spermatozoa, but of the morphology and structure of the cell as well. Comparison with the stained specimen aids us in judging just how much damage is produced by the fixing and staining, and to what extent deviations from the norm are due to this damage.

EVALUATION OF OTHER FACTORS

Evaluation of such deviations as microsperms, cytoplasmic rests, coiled tails, et cetera, is greatly aided by comparison of the stained and wet un-



Fig. 7

Fig. 8

Fig. 7 (Case 6).—E. B. N. Oligospermia (extreme); asthenospermia; poikilospermia (marked). Note great variation in size of heads, irregular and solid staining as compared with normal oval head with cytoplasmic rest on middle piece (second from bottom in left corner). High percentage of spermatogenic cells, one with double nuclei.

Fig. 8 (Case 3).—E. B. R. Microphotograph (x 1600). Note differences in size of cells. All cells same magnification. Legends: (a) Normal shaped spermatozoa; (b) vacuolated head; (c) extreme tapering type; (d) "giant" form with reverse staining; (e) marked "tapering" cell (note vacuoles); (f) immature double heads; (g) mature double heads; (h) normal shaped spermatozoa showing vacuole; (i) spermatid with double nuclei (note cytoplasm around nuclei); (j) narrow head and nucleus.

stained slides. The relative amount of cellular debris present is better judged in the wet examination.

Motility is examined from three standpoints:

1. Percentage of motile forms.

In the usual fertile case, the vigorously active forms are present in from 70 to 90 per cent of the total number. Many fertile men have a much lower percentage. However, no limits can be stated as to the percentage required for successful impregnation.

2. Degree of motility.

A satisfactory classification is (a) vigorously motile, (b) moderately motile, (c) sluggishly motile, (d) amotile. It must be borne in mind that the degree of motility is not constant, and that amotile forms commonly become motile at later periods, or may be stimulated into activity.

A diagnosis of necrospemia should never be made until a number of specimens have been examined at intervals for several hours and any reactions to stimulating solutions and temperatures noted.

3. Duration of motility.

Duration of vigorous motility should persist for at least seven to eight hours for a specimen to be considered of high fertility. Not uncommonly, a considerable degree of activity (for as long as 24 to 48 hours) is seen in such a specimen, kept under ordinary conditions, at room temperature.

All specimens should be observed at least every 2 to 4 hours for the first 7 to 8 hours.

Hühner's¹⁰ test on the activity of the sperm in the postcoital vaginal and cervical specimen should always be included in an examination for motility.

Summing up the importance of motility, in my opinion, the presence of a high percentage of vigorously active, normally formed spermatozoa, and the maintenance of these factors for at least 7 to 8 hours, are essential to normal fertility.

SPERM DENSITY

The number of sperm in the ejaculate is an instance of Nature's prodigality. The normal fertile man will usually ejaculate from 3 to 6 cubic centimeters of semen, with from 60 to 300 million spermatozoa per cubic centimeter. Meaker¹¹ states that, in his experience, no pregnancy has occurred where the count was under sixty million per cubic centimeter, and this figure has been accepted by many as the lowest limit at which fertility may be expected. Many cases are cited, however, where impregnation has occurred, in which the density was far below Meaker's standard. Hotchkiss,¹² in his studies of two hundred fertile men, found over 25 per cent with a lower number of sperm, and, in ten cases, the count was less than twenty million per cubic centimeter. However, he found the average to be 120,530,000. Lane-Roberts¹³ reports one fertile case with a count of only four million per cubic centimeter.

When present, an oligospermia is usually associated with an asthenospermia, which is indicated by a decrease in the normal motility, and in an increased percentage of abnormal forms.

While a true aspermia is not uncommon (Hotchkiss²³ found it present in 18 per cent of 150 "barren" men), it is often diagnosed on too slight evi-

dence. A diagnosis of aspermia should be made only when no sperm have been found in several specimens following centrifuging for 15 to 20 minutes. Before centrifuging, the semen should be diluted with five to ten times its volume of some solution which will remove much of the mucus. Ringer's solution, with 0.5 per cent chloramin added, is very satisfactory for this purpose.

One may conclude that, although oligospermia of a sufficient degree is commonly indicative of a lowered fertility, it is not unusual for fertility to occur, even with a reduced density. Asthenospermia and morphological changes from the normal are usually found with this lowered density, and must likewise be considered as important modifying factors. Pollack and Jöel¹⁴ state that the spermatogenic cells are relatively increased in oligospermia. I have been able to confirm this in many, but not all, of such cases.

MORPHOLOGY OF SPERMATOZOA

The morphology of the spermatozoa in a fertile individual exhibits considerable variation. But observation, in man and other animals, has shown that "an abnormal ratio of spermatogenic abnormalities reduces fertility, that man does not well tolerate more than about 25 to 30 per cent spermatogenic abnormalities, the bull not more than about 17 per cent, and the stallion not more than about 30 per cent." This statement by Williams⁶ expresses briefly, and within broad limits, our present knowledge of this semen characteristic.

Moench² concludes:

1. "In normal semen the abnormal sperm heads do not exceed 19 to 20 per cent.
2. "When the sperm head abnormalities reach 20 to 23 per cent, impaired fertility can be assumed.
3. "When the sperm head abnormalities are above 25 per cent, clinical sterility is usually present."

Variations in size and shape of the sperm head, if present in a large enough percentage of the sperm population, are regarded as pathological. The oval head has been generally accepted as the normal, and variations from this, such as tapering, narrow, sickle, et cetera, are considered pathological for the individual cell. Likewise, considerable deviations from the normal head-length are considered as microsperms or megalosperms. Moench states that the presence of more than 8.5 per cent of tapering cells precludes fertility. In Hotchkiss'¹² series of two hundred fertile men, this limit was exceeded in 11 per cent of the cases. The discrepancy may be due to different interpretations of this cell shape.

While Moench's observation that the finding of 20 per cent of abnormal cells proves a lowered fertility is supported by his excellent studies on many cases, Hotchkiss,¹² Williams²² and others have found a considerably higher percentage of abnormal cells in fertile men.

Moench's^{3,4} thorough and painstaking biometrical studies of the head-lengths are valuable. They are, however, time consuming and require special technical instruments not available to most physicians.

In addition to variations in the sperm head, the very much narrower middle piece and long, narrow tail often show abnormal changes which are im-

portant, but are not so significant as those which appear in the head. (Moench,^{2,4} Williams and Savage.⁵) In the bull, abnormalities in the middle piece are seen less often and appear to have more significance. (Lagerlöf.¹⁶)

ILLUSTRATIVE CASES

The spermatozoa were sketched by means of the camera lucida. Each group includes only those sperm found in one microscopical field (1/12). As I desired to show as many abnormals as possible occurring in any one case, the percentage in many of these fields is higher than the percentage of abnormal forms in the specimen in general.

REPORT OF CASES

CASE 1.—(Fig. 1.) N. C. B. Age 29. Normospermia. Fertile. Sperm number, 75,000,000 per cubic centimeter. Total ejaculate, 4 cubic centimeters. Morphology: Oval (normal), 84 per cent.

CASE 1.—(Fig. 2.) N. C. B. Age 29. Normospermia. Fertile. Microscopic field from same slide as Fig. 1, showing, however, high percentage of abnormals. If the whole specimen had been judged from this field alone, it would have been misleading. Shows the necessity of counting at least from 300 to 500 cells from different parts of the slide in the specimen.

CASE 2.—(Fig. 3.) J. M. B. Age 33. Poikilospermia. "Involuntary" sterility eight years; married eight years. Sperm number, 140,000,000 per cubic centimeter. Total ejaculate, 1½ cubic centimeters. Morphology: Oval (normal), 27 per cent.

Comment.—Case showed only a change in morphology, sperm density and motility being normal. Illustrates the necessity of counting from 300 to 500 cells, as percentage of abnormal in this particular field was much higher than percentage of abnormals in general in the specimen.

CASE 3.—(Fig. 4.) Microphotograph Fig. 8. E. B. R. Age 32. Poikilospermia. "Involuntary" sterility seven years; married ten years. Sperm number, 60,000,000 per cubic centimeter. Morphology: Oval (normal), 20 per cent.

Comment.—Motility and number of sperm normal. This man's semen had been examined several times before I saw him, and he had been pronounced fertile, presumably because no differential examination of the spermatozoa had been made.

CASE 4.—(Fig. 5.) S. J. Age 53. Oligospermia (moderate); asthenospermia (marked); poikilospermia (moderate). "Involuntary" sterility eight years; married eight years. Sperm number, 40,000,000 per cubic centimeter. Total ejaculate, 1½ cubic centimeters. Morphology: Oval (normal), 62 per cent.

CASE 5.—(Fig. 6.) W. E. Age 34. Oligospermia (marked); asthenospermia; poikilospermia (marked). "Involuntary" sterility seven years; married seven years. Sperm number, 10,000,000 per cubic centimeter. Total ejaculate, 3½ cubic centimeters. Morphology: Oval (normal), 20 per cent.

CASE 6.—(Fig. 7.) E. B. N. Age 27. Oligospermia (extreme); asthenospermia; poikilospermia (marked). "Involuntary" sterility three years; married three and one-half years. Sperm number, 2,840,000 per cubic centimeter. Total ejaculate, 4½ cubic centimeters. Morphology: Oval (normal), 20 per cent.

CONCLUSIONS

In my opinion, we are not able to set a definite standard as to the number of sperm that must be

present in order to assume that a man is fertile. While the morphology of the sperm is of the utmost importance, we cannot say that the finding of certain deviations from the normal in the morphology, or an increase in the number of any certain abnormalities means a relatively decreased fertility in any one individual. All that we can say of these and other sperm characteristics is that in most fertile men there are certain standards present. Broad deviations from these lead to assumption of a decreased fertility. Our judgment must be based, not upon any one single finding, such as number of spermatozoa, percentage of abnormal forms, degree of motility or percentage of motile sperm present, but on a correlation of all findings in the semen with those in the history and physical examination of the couple concerned.*

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ECZEMA OF INFANCY AND EARLY CHILDHOOD: ITS PEDIATRIC MANAGEMENT*

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WHEN we see an infant presenting skin lesions falling into the eczematoid group, the question at once arises: with which group are we dealing? The necessity for a proper classification, therefore, is essential. Within certain limitations this is not difficult. It is generally accepted that 75 per cent of all eczema patients in the infant age group have atopic dermatitis.¹ Most of the rest have seborrheic dermatitis. The remaining few fall either into the contact dermatitis or eczematoid fungous infection group. With such knowledge as our initial diagnostic procedure, a careful history is taken. We want to know, first, the age of onset and the initial site or sites where the lesions appeared. The pediatrician so often has the distinct advantage of seeing the infant at the very inception of eczema. He is often familiar with the baby's feeding and environmental history from the day of birth. With proper inquiry he may obtain from the mother a story of her food idiosyncrasies during pregnancy. He has previously known or can learn, at first hand, of the tendency to colic or uneasiness following feedings, and of the initial response to the addition of each new food. In addition, he may receive repeatedly from the mother details pertaining to her infant's reactions and responses. The early recognition of such skin lesions should be an aid from the standpoint of early treatment, prevention of spreading and prophylaxis from further allergic troubles. Obtaining a positive family history of allergy is helpful in placing the lesions in the atopic group, but may not be reliable, for the parents may not as yet evidence allergic tendencies.

In addition to a careful history we wish to examine the skin lesions.

SEBORRHEIC DERMATITIS

In the earliest age group (six weeks to six months) if the lesions started on the scalp, cheeks or forehead, or if they appeared as circumscribed patches on the trunk or extremities, and if, on examination, they are yellow to orange in color, scaling or with greasy scales, seborrheic dermatitis is a likely diagnosis. The initial lesion in this condition is often a group of shiny papules which quickly become covered with greasy scales. On the trunk and extremities well-circumscribed patches may be present from which, as described by Hill,¹ "by fusion large sheet-like areas may develop." Should further examination show that little, if any, itching is present and, in addition, further history fails to reveal a positive family history of allergy, the diagnosis of seborrheic dermatitis is probably correct. Such a baby is apt to be rather fat, whether breast- or bottle-fed. This infant will usually re-

spond to a low fat-high protein formula; a milk in which the fat has been altered (evaporated milk); or one of the low-fat proprietary milks. In addition to this we have found that the substitution of cod-liver oil concentrate for the oil itself may be beneficial. It is interesting to note that many mothers are convinced that cod-liver oil has something to do with the rash. Explanation of the good response to these measures may be that faulty fat metabolism, long felt to be a cause of seborrheic dermatitis, is closely linked to its etiology. Some infants will not improve on such a régime, which brings to mind György's concept, that the etiology is a combination of a toxic product from unsplit lactalbumin and a deficiency of vitamin H (this vitamin is said to be contained in the casein fraction of milk—more in bovine than in human milk—but is set free only by proteolytic digestion of the protein). It is more likely that we do not, as yet, understand the true etiology of this disturbance. Local applications are, of course, of great importance. To avoid repetition in today's symposium, a discussion of these measures will be omitted at present. Usually these infants clear entirely in a period of a few weeks. Some who do not respond may be of the eczematoid fungus infection group, others are forerunners of atopic dermatitis group. We have all seen, I am sure, infants correctly diagnosed as seborrheic dermatitis, in whom atopic eczema appears after a short time.

ATOPIC DERMATITIS

This is the type commonly called infantile eczema. Again, our patient when first seen is apt to be between the ages of six weeks and six months. The lesions may have started on the cheeks or forehead, the outer surface of the legs, in patches on the trunk (not well circumscribed patches), or on the arms. The earliest lesion is apt to be a group of papules, but soon tiny vesicles are prominent, the rupture of which produces weeping followed by dry crusting. As described in the texts, papules, vesicles, scales, erythema, weeping areas, crusting, may all be present simultaneously. In addition, spreading to all parts of the body may occur. These lesions itch, itch severely, and resultant scratching accounts for a much varied appearance of the skin in different parts of the body. Add to such findings on examination a positive family history of allergy and the diagnosis of atopic dermatitis seems certain. The proper management of atopic individuals demands, of course, some idea as to what may have occurred in such an infant in order to have his skin react in this manner. It is generally agreed that the individual is hypersensitive—that he has become sensitized to some substance which is antigenic, usually protein in nature. The repeated exposure to such a substance produces an antigen-antibody reaction resulting in the elaboration of a histamin-like substance which irritates the skin.

The work of Lippard² and others suggests that the difference in reaction of the normal and eczematous infant is one of degree only. The ability to react in this manner may be inherited. Ratner³ and others have demonstrated that sensitization may occur *in utero* through placental transmission.

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Our knowledge of the actual mechanism of sensitization is most vague. Recently, Shaw and Thelander⁴ have suggested that vitamin C deficiency may be a factor in the ability of an individual to become sensitized. The preceding statements are not offered as a complete explanation of the present knowledge of the immunologic approach, but simply to enumerate the thoughts which come to mind in preparation for handling an infant with atopic dermatitis. Much is yet but poorly understood concerning the underlying mechanism in infantile eczema: many of these patients do not respond to our present method of treatment, and yet, at the present time, results based on such an approach are better than from any other method. In this view, Hill⁵ has very aptly stated: "The trouble is that often in the literature of infantile eczema there have been too few solid facts to justify some of the conclusions that have been drawn."

TREATMENT

Local Measures.

Having satisfied ourselves with the correctness of the diagnosis, and with the foregoing information in mind, we are ready to outline a procedure for handling the patient with atopic dermatitis. Our attention is primarily directed to the local treatment. First of all, because control of the itching will give relief to the patient and because prevention of scratching will limit the spread of the lesions in considerable degree. In the mild and early cases this may be all that is necessary. By local treatment we do not mean just the application of ointment, lotion, powder, etc., to the inflamed skin, although we recognize that proper selection and application of such agents is extremely important. The choice of such preparations will naturally vary with the type of skin lesions present. The recent papers of Sulzberger,⁶ Hill,⁷ Wise and Wolf⁸ give in detail certain principles for such choice, and today we will hear further discussion on this subject. Following the choice of the proper agents, instruction of the mother in their correct application must be given in detail. I have a horror—not apparently shared by everybody—of covering the infant from head to foot with a sticky ointment. Further, I am sure, such overtreatment locally often results in distressing effects. Next to local application, proper and adequate restraint of the patient is most important. This varies all the way from simple bandaging, in the mild cases, to complete restraint in the severe. Clean linen strips have been found most satisfactory for covering involved areas. Caution must be exercised against covering too large an area, or applying the bandage too tightly; and from the standpoint of overheating the skin, with the result that free perspiration with resultant intense itching occurs. In the more extensive cases, stripping the body of clothing and securing the arms and legs are necessary. Use of a cradle to keep bed clothing from the skin is a simple matter. Here the use of a satisfactory surface for the body to lie on is important. Cellophane has been used, but is rather perishable—at the University of California Hospital washed x-rays films have proved most satisfactory. Slanting the mattress so that urine and excreta do not contact the

skin is also an important detail. Such restraint can be exerted in the home, but is usually more satisfactory in the hospital. Cleansing of the skin is also of importance, either in the mild or severe cases. Application of oil rather than water baths, and the avoidance of soaps is generally practiced. In the runabout patient the use of light, cool and soft clothing is essential. There are many other important considerations for individual cases about which we will hear more today.

IMMUNOLOGIC APPROACH

Local treatment is not always enough, and it is then that a careful history, with emphasis on details, concerning the child's feeding and environment will often give valuable clues.

Dietary Measures.

Often when first seen the infant with eczema is on a very simple diet. This frequently consists only of cow's milk, sugar of the sort used in infant feeding, fish oil and orange or tomato juice. If foods are of importance, this should be an ideal setup for control of the eruption. Removal of the accessory food factors, with substitution of ascorbic acid and vitamin D other than fish oil and a change of sugar to one from a different source, are first tried. Sometimes the history suggests the appearance of the eruption with the addition of one of these substances, but only once in a while does marked improvement occur with their withdrawal. This suggests cow's milk as the important factor. We know from the allergist that, excepting those to egg white, positive skin tests to milk lead the list of the common foods. Therefore, change to evaporated milk or some other denatured proprietary milk may be of value. The more general use of evaporated milk in infant feeding has resulted, I believe, in the reduction of the number of eczemas seen in practice. Brilliant results do not always follow this procedure, however, and it is then that goats' milk may be tried. All of us have had the pleasure of a remarkable success after such a change. Again, however, often the rash does not disappear—perhaps the infant is casein sensitive?⁹ At this point a milk substitute, several of which are available, may be used. I have not had Hill's success with these preparations, and on the whole find them nasty to deal with. Milk does not account for all the eczemas in infancy, of course, and further dietary sleuthing must often be resorted to. With an infant or older child on a more varied diet, all the foods eaten may be subjected to elimination and substitution. Fortunately the dietary of early infancy is rather limited, and the time consumed in such procedures is not too prolonged. In older children other methods must be employed, and this is where skin tests seem to be indispensable.

Environmental Measures.

Often, however, after the above procedures have been tried, foods appear to have nothing to do with the skin lesions. It becomes increasingly more apparent to me that inhalant substances are often of major importance.¹⁰ Even the tiny infant has inhalant contacts of such varied nature: house dust, feathers, kapok, animal hairs, wool, silk, and orris root,¹¹ to mention only those most investigated up

to the present. There must be others of equal importance. Elimination of all such substances, even from the infant's environment, is most difficult, and from the standpoint of the older child may be impossible. A history of exposure is helpful, but not enough. It is here that home visits, with detailed investigation of the patient's entire environment, are often of the greatest importance. With the best coöperation, it is often possible to alter the child's room, cover the mattress, remove feathers, rugs, draperies, and other dust-collecting and producing substances. One may even be successful in having pets removed from the home. Sometimes, too, it may even be possible to control the child's activities in portions of the house not under "dust control." Such procedures cause interference to the family as well as economic hardship, and here we realize the value of skin testing. As a measure in helping to narrow down the substances to which the patient may be sensitive, and which, therefore, should receive the greatest emphasis, no other procedure is so helpful.

Skin Testing.

Most of us know the common fallacies in the interpretation of skin tests and all of us have learned that badly done or poorly interpreted tests are worse than none at all. I do not know at what age skin tests are first apt to be helpful, but am governed in their use entirely by necessity in working out the individual problem. The skin test is only used as an adjunct to the clinical findings. Scratch tests are done first. I should mention that, in infancy, small reactions should not be overlooked. If scratch tests are negative or inconclusive, intradermal tests are done. It is not necessary to do a large number of tests by either method. Repeated tests, however, may be necessary. I feel, as do many others, that positive scratch tests—with the exception of that for egg white—are more often of etiologic importance in the infant and young child than are intracutaneous reactions. While not necessary in all infants with eczema, skin testing at present certainly offers the best method for focusing our attention to a few substances as probable irritants for the individual exposed to many such irritants. When it is not possible to test the patient, passive transfer technique can be employed.

Other Measures.

Failure of improvement after the use of the previously mentioned procedures calls for a change of environment. Hospitalization often results in improvement, even though apparently the same technique is employed as that used in the home. It is difficult to explain this, unless some as yet unrecognized environmental factors are at fault. We have all too often seen the recurrence of the eczema following hospital discharge. I have not had any experience with potassium chlorid or with histaminase in the treatment of eczema. Other nonspecific methods have been frequently used without striking success.

Eczema in Older Children.

While mention has been made of the usual procedures in the management of eczema of both infant and child, the problem of persistent or chronic eczema deserves further notice. We frequently see

the infant whose skin does not entirely clear and in whom flexural surface eczema is of long standing. In addition, patients are seen with lesions starting in later childhood. These, too, are often limited to the flexural surfaces and neck, with occasional small patches on the trunk. More infrequently children are seen with face, neck, arms, and legs completely covered with a thick, scaly eruption which, at intervals, becomes vesicular and weeping. Other allergic symptoms, such as rhinitis or asthma, may be present; although skin tests may be positive omission of test-positive foods, and environmental control does not often result in improvement. Of course, the pollen dermatoses account for some of these cases, and other inhalant substances for others. It is in this group that the contact dermatitis is found, sometimes as suggested by Hill, superimposed on atopic dermatitis. Careful investigation of contact substances, plus patch tests, will reveal the cause of some of these. Frequently, however, the etiology is most baffling and the combined help of the dermatologist and allergist is most necessary. It is with these patients that I feel we must widen our scope of knowledge and make further effort to subclassify the cases before brilliant results can be expected.

SUMMARY

The eczemas of infancy and early childhood present an intriguing problem to the pediatrician. Much of our knowledge in handling these patients has come from combined efforts of pediatricist, dermatologist, and allergist. In the light of this knowledge, the procedures of utmost importance to simplify pediatric management are:

1. Proper classification of the eruption—upon which depends proper therapy.
2. Proper local treatment—all that is necessary in the mild and of great importance in the severe cases.
3. Careful and painstaking history—seeking clues dietary and environmental.
4. Skin testing, hoping to reveal the specific etiologic agent, but more often narrowing the focus of attention to a few substances.
5. Continual coöperation of physician, parents, and nurse.
6. Change in environment or hospitalization in severe cases and those failing to respond to previous measures.
7. Continued efforts in the direction of subclassifying the types and in searching for the, as yet, unrevealed mechanism of sensitization.

490 Post Street.

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CLINICAL NOTES AND CASE REPORTS

EPIDURAL AIR INJECTION: IN DIAGNOSIS OF SPINAL CANAL MASSES*

By HENRY M. WEBER, M. D.

Los Angeles

DIAGNOSIS of masses and protrusions into the spinal canal is not technically simple with the present methods of radio-opaque materials and air injected into the subarachnoid space.

After extensive dissections of cadavers, which had been injected through the caudal canal with colored liquids into the epidural space, the feasibility of the use of air for visualization was considered.

Bodies of patients immediately after death were first employed to obtain conditions most nearly approaching the living physical state. Various amounts of air were injected into the epidural space via the sacral hiatus, using a spinal needle and a 50 cubic centimeter Luer syringe with an air-tight connection. Sixty to eighty cubic centimeters of air, slowly introduced, seemed to be the optimum amount to produce a satisfactory shadow in the lateral x-ray of the lumbar and lower thoracic spinal canal.

Two patients who were suffering from sciatic pain, not relieved by usual treatment, were then injected slowly with 75 cubic centimeters of air. In one case the spinal canal and dural sac were clearly outlined, while in the other—perhaps because of more rapid injection—some of the air had followed the roots of the nerves forming the lumbar plexus. It is also to be noted that both patients had much relief of pain, one for the first time in months. No untoward symptoms developed and both patients were up and about as usual the next day, and x-ray of the lumbar region did not reveal any air shadow.

This is a preliminary report. As opportunity is afforded, the proper x-ray technique must be developed and antero-posterior views will be studied. Whether results will be consistent remains to be seen. The technique, however, is extremely simple and should be without any ill effects.

613 South Catalina.

HIPPOCRATES' APHORISMS*

By M. SCHOLTZ, M. D.

Arcadia

SECTION FOUR (Continued)

34. If a fevered sick without swelling of the throat
Is caused quite suddenly to gasp and agonize,
It is a dreadful sign of a coming quick demise.
35. If the neck of a person sick with fever
Gets twisted suddenly out of line
And, if the sick must labor hard to swallow,
Though no swelling present, it's a fatal sign.
36. Sweats on the 5th, 7th, 9th, 14th, 17th,
21st, 27th, and 29th febrile days
Herald a favorable crisis,
But others mean more pains, relapses and delays.
37. Cold sweats with acute fever
Are oft a fatal sign,
But milder fever means
Long sickness, yet benign.
38. Wherever in the body
Sweat may be localized.
A morbid process in that part
Is also organized.
39. Wherever in the body
A part feels hot or cold,
That part is the most likely
The sickness-site to hold.
40. Whenever there are changes in the body
And it feels alternately hot and cold
And, if one color does succeed the other,
It bodes that sickness will prolong its hold.
41. A copious sweat occurring after sleep,
With no apparent cause, means too much food;
But, if the sweat doesn't follow a meal,
A purging's apt to do the patient good.
42. When copious sweats
Run in a constant stream,
Cold sweats more dangerous
Than the hot would seem.
43. Remittent fevers which flare on the third day
Are dangerous; but, if they turn
To intermittent type,
They are of less concern.
44. In lasting fevers
Various joints
For pains and nodes,
Are deposit points.
45. When, after fevers, joints
Are attacked by nodes and pain,
It's proper that the sick
His appetite restrain.
46. If in the course of a remittent fever
The sick is seized with heavy chill,
It is a sign of dire portent:
The disease is grave and apt to kill.

413 Longden Avenue.

(To be continued)

* For other aphorisms, see *CALIFORNIA AND WESTERN MEDICINE*, March 1940, page 125; April 1940, page 179; May 1940, page 231; July 1940, page 35; August 1940, page 85; September 1940, page 130; December, 1940, page 272.

* A preliminary report. Article received August 5, 1940.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

HARRY H. WILSON.....President
HENRY S. ROGERS.....President-Elect
LOWELL S. GOIN.....Speaker
PHILIP K. GILMAN.....Council Chairman
GEORGE H. KRESS.....Secretary and Editor

INDEX

1. *Official Notices:*
Proposed Amendments.
Executive Committee Minutes.
Next Annual Session.
Del Monte Hotels.
2. *Committee on Medical Preparedness.*
3. *Committee on Postgraduate Activities.*
4. *Committee on Public Health Education.*
5. *Department of Public Relations.*
6. *California Physicians' Service.*
7. *Committee on Industrial Practice.*
8. *Committee on History.*
9. *Committee on Health and Public Instruction.*
10. *County Societies.*
11. *In Memoriam.*
12. *Woman's Auxiliary.*

OFFICIAL NOTICES

Proposed Amendments to the Constitution of the California Medical Association

At the thirty-seventh annual session of the House of Delegates, held at Hotel Coronado, May 6, 1940, seven amendments to the Constitution were submitted. Proposed amendments, listed below under captions I to V, were submitted by John W. Cline of San Francisco (noted in printed minutes in CALIFORNIA AND WESTERN MEDICINE, June, 1940, on page 266), and amendments having numbers VI and VII were presented by E. T. Remmen of Los Angeles (noted in printed minutes in CALIFORNIA AND WESTERN MEDICINE, June, 1940, on page 272. Error in use of John D. Ruddock's name in electric recorder transcription was corrected in CALIFORNIA AND WESTERN MEDICINE, December, 1940, on page 273.

Procedure to be followed in consideration of proposed amendments is outlined in Article XV, Section 1, as follows:

ARTICLE XV.—AMENDMENTS

SECTION 1.—*Procedure to Amend Constitution*

Any member of the House of Delegates at any meeting of any regular annual session thereof may present an amendment or amendments to any article or articles or any section or sections of any article or articles of this Constitution.

Such proposed amendment or amendments shall be in writing and shall be filed with the Secretary and shall thereafter be published at least twice in separate issues of the OFFICIAL JOURNAL of this Association prior to the next regular session of the House of Delegates.

At the said next regular session of the House of Delegates, such proposed amendment or amendments shall be

submitted to the House of Delegates, for consideration at any meeting of the House of Delegates during that annual session, and if two-thirds of the delegates present and voting vote in favor thereof the same shall be adopted.

Proposed amendments submitted by Dr. John W. Cline:

PROPOSED AMENDMENT TO CONSTITUTION: NO. I

Resolved, That Section 1(b) of Article V of the Constitution of this Association, California Medical Association, be and the same hereby is amended by inserting before the period and after the word "Constitution" the following: "excepting the Secretary-Treasurer and Editor," so that said Section 1 (b) of Article V shall hereafter read as follows:

(b) The officers of this Association enumerated in Section 1 of Article X of this Constitution, excepting the Secretary-Treasurer and Editor.

That is an amendment to the Constitution.

PROPOSED AMENDMENT TO CONSTITUTION: NO. II

Another amendment to the Constitution:

Resolved, That Section 8 of Article VII of the Constitution of this Association, California Medical Association, be and the same hereby is amended by inserting after the comma which follows the words "Public Relations," the following: "and ex officio, but without the right to vote," so that said Section 8 of Article VII will hereafter read as follows:

SECTION 8.—*Executive Committee*

The Executive Committee shall consist of the President, the Past President, the President-Elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Chairman of the Committee on Public Relations, and ex officio, but without the right to vote, the Secretary-Treasurer and the Editor.

PROPOSED AMENDMENT TO CONSTITUTION: NO. III

Another amendment to the Constitution:

Resolved, That Section 11 of Article X of the Constitution of this Association, California Medical Association, be and the same hereby is amended by striking out of said Section 11 the following:

SECTION 11.—*Election of Council Chairman; Council Vice-Chairman; Secretary-Treasurer; Editor and Associate Editors*

The Council, at the organization meeting thereof, shall elect a Chairman, a Vice-Chairman, a Secretary-Treasurer, an Editor; and, in its discretion, one or more Associate Editors, each to serve for the term of one year. and by inserting in lieu thereof the following:

SECTION 11.—*Election of Chairman and Vice-Chairman of Council; Employment of Secretary-Treasurer, Assistant Secretaries, Editor and Associate Editors*

The Council, at the organization meeting thereof, shall elect a Chairman and a Vice-Chairman, each to serve for the term of one year. It shall also employ, if any vacancy exists, a Secretary-Treasurer and an Editor, and, in its discretion, one or more Assistant Secretaries or Associate Editors. The terms of their employment shall be such as are satisfactory to the Council, provided, however, that no contract of employment shall, by its terms, exceed a period of three years from the date of the organization meeting at which such contract is authorized.

PROPOSED AMENDMENT TO CONSTITUTION: NO. IV

Another:

Resolved, That Section 12 of Article X of the Constitution of this Association, California Medical Association, be and

† For complete roster of officers, see advertising pages 2, 4, and 6.

the same hereby is amended by striking out all of said Section 12 reading as follows:

SECTION 12.—Qualifications of Secretary-Treasurer and Editor

No person shall be eligible to the office of Secretary-Treasurer or Editor or Associate Editor who does not hold the degree of Doctor of Medicine, but membership in this Association shall not be a necessary qualification for the offices of Secretary-Treasurer, Editor, or Associate Editor.

and by inserting in lieu thereof the following:

SECTION 12.—Qualifications of Secretary-Treasurer and Editor

The Secretary-Treasurer, the Editor, Assistant Secretaries and Associate Editors may, but need not, hold the degree of Doctor of Medicine, and may, but need not, be members of this Association.

PROPOSED AMENDMENT TO CONSTITUTION: NO. V

An amendment to the Constitution:

Resolved, That Section 1 of Article VII of the Constitution of this Association, California Medical Association, be and it hereby is amended by striking out of the first paragraph of said Section 1 the following: "and the Chairman of the Committee on Public Relations" so that the said first paragraph of Section 1 of Article VII will hereafter read as follows:

The Council shall consist of the Councilors and ex officio: the President, the Past President, the President-Elect, and the Speaker of the House of Delegates, each with all the rights of a Councilor.

and be it further

Resolved, That Section 8 of Article VII of the Constitution of this Association be and the same hereby is amended by striking out of said section the following: "the Chairman of the Committee on Public Relations," so that said Section 8 of Article VII will hereafter read as follows:

The Executive Committee shall consist of the President, the Past President, the President-Elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Secretary-Treasurer, and the Editor.

and be it further

Resolved, That Section 1 of Article X of the Constitution of this Association be and the same hereby is amended by striking out of said Section 1 the following: "the Chairman of the Committee on Public Relations," so that said Section 1 of Article X will hereafter read as follows:

The officers of this Association shall be a President, a Past President, a President-Elect, a Secretary-Treasurer, a Speaker of the House of Delegates, a Vice-Speaker of the House of Delegates, an Editor and fifteen Councilors (six of the fifteen Councilors being elected as at large and nine from Councilor Districts, as herein provided).

and be it further

Resolved, That Section 4 of Article X of the Constitution of this Association be and the same hereby is amended by striking out of the first paragraph of said Section 4 the following: "and Chairman of the Committee on Public Relations," so that the first paragraph of said Section 4 shall hereafter read as follows:

The President, Past President, President-Elect, and Speaker of the House of Delegates shall be ex officio members of the Council with all the rights of Councilors.

and be it further

Resolved, That the Constitution of this Association be and the same hereby is amended by striking out all of Section 15 of Article X of said Constitution.

Proposed amendments submitted by Dr. E. T. Remmen:

PROPOSED AMENDMENT TO CONSTITUTION: NO. VI

Resolved, That Section 4 of Article V of the Constitution of this Association, California Medical Association, which is entitled "Terms of Delegates and Alternates; One-Half Elected Each Year," be and the same hereby is amended to read as follows:

Delegates and alternates shall be elected by the several component county societies, respectively, for a term of two years; one-half of the delegates and alternates representing each component county society, as near as may be, shall be elected each year, provided that, in order to equalize the number of delegates elected each year, where at present the inequality in number is greater than one, a component county society may elect

a sufficient number of delegates for a term of one year to equalize future elections in such society. Delegates and alternates shall be elected directly at regular elections by the members of each component county society by an equitable method to be selected by each society, and shall not be elected or appointed by the Council, Board of Directors or Trustees or other governing body or by any officers or officer thereof, except to fill vacancies occurring between such regular elections; any delegate or alternate so selected to fill such a vacancy shall serve only until his successor shall have been duly elected.

♦ ♦ ♦

PROPOSED AMENDMENT TO CONSTITUTION: NO. VII

The second resolution:

Resolved, That Section 1 of Article X of the Constitution of this Association, California Medical Association, be amended by adding to said section a new paragraph reading as follows:

No member who holds any office in a component county society and who is elected as an officer of this Association (except the Vice-Speaker of the House of Delegates and the Editor) shall be eligible to serve as such officer of this Association unless he shall, forthwith upon his election, resign any of the offices hereafter set forth held by him in a component county society; and, in the event that he fails to do so, the Council, at its first meeting after such election, shall declare vacant the office of this Association to which he has been elected. The offices of a component county society from which such an officer-elect of this Association must resign are: President, Vice-President, Secretary, Treasurer, Councilor, Director, Trustee or any other office however entitled, the powers and duties of which would customarily include a substantial part of the powers and duties of any of said named offices.

ABSTRACT OF MINUTES: CALIFORNIA MEDICAL ASSOCIATION EXECUTIVE COMMITTEE*

Minutes of the One Hundred Seventy-Second Meeting of the Executive Committee of the California Medical Association, Held in San Francisco, Friday, December 13, 1940

1. Roll Call.

Present: Doctors Dukes (chairman), Rogers, Gilman, Cline, and Kress.

2. Minutes.

Minutes of the meeting held on October 21, 1940, were approved.

3. Financial.

(a) *Budget*.—Dr. John W. Cline submitted the Auditing Committee's prospective budget for the calendar year 1942 (By-Laws: Chapter IV, Section 5, page 36). The items thereon were discussed and after revision were accepted for submittal by the Executive Committee to the Council.

(b) *Cancer Commission*.—Upon request from the California Medical Association Cancer Commission it was voted to recommend to the Council that the 1941 budget of the Cancer Commission be increased from \$500 to \$1,000.

(c) *Needy Physicians Fund*.—A donation of \$10 to the Needy Physicians' Fund was ordered placed under that name as a separate item in the financial records.

4. Committee on Scientific Work.

Vacancy on the Committee on Scientific Work, caused by the death of Lemuel P. Adams of Oakland, was filled by appointment of Fletcher B. Taylor of Oakland.

5. California Industrial Accident Commission Ruling: Re Medical and Hospital Records.

The October 16, 1940, ruling of the State Industrial Accident Commission concerning inspection of medical and hospital records and the correspondence relating thereto,

* Full minutes of the Executive Committee meeting have been mailed to all councilors, and copies are also available for inspection in the central office of the Association.

as printed in CALIFORNIA AND WESTERN MEDICINE, December, 1940, on page 273, were discussed. It was agreed that further report thereon should be made to the Council.

6. Committee on Public Health Education.

Approval was given to the appointment of Dr. George H. Rohrbacher, Stockton as a member of the Committee on Public Health Education, vice Dewey R. Powell, resigned.

7. Associated Hospital Service of Southern California.

Council Chairman Gilman reported on a conference held by him with officers of the Associated Hospital Service of Southern California, stating that the organization was agreeable to the institution of procedures regarding laboratory and x-ray work, provided that each of the three non-profit hospital organizations adopted the same rules. Doctor Gilman was authorized to continue the conferences in efforts to attain that objective.

8. Medical Preparedness: Fee Table for Adjutant General.

Doctors Gilman and Dukes reported on fee tables for laboratory and x-ray work carried on in connection with selective service work. It was voted that copies be sent to Colonel Bert S. Thomas, chief of the medical service in the California Adjutant General's department.

9. Industrial Accident Commission Hearings.

Dr. John W. Cline called attention to protests recently submitted by the California State Federation of Labor, dealing with the rights of citizens who had been injured in industrial employment, to choose their own physicians. Doctor Cline and his committee were requested to continue the conferences and submit a report thereon to the Council.

10. Audits.

The usual audits by certified public accountants were authorized.

CHARLES A. DUKES, *Chairman.*
GEORGE H. KRESS, *Secretary.*

NEXT ANNUAL SESSION

Hotel Del Monte, May 5-8, 1941

SCIENTIFIC ASSEMBLY

Programs of Scientific Sections: Notice to Essayists

Members of the California Medical Association who wish to offer papers or presentations at the next annual session must submit their requests to the secretary of the Scientific Section before which they desire to appear, and if they have not done so, should do this immediately.

The roster of section officers appears at the top of advertising page 6, in each issue of CALIFORNIA AND WESTERN MEDICINE. The final draft of the scientific programs will probably be made in January. List of scientific sections follows:

SCIENTIFIC SECTIONS

General Medicine
General Surgery
Obstetrics and Gynecology
Eye, Ear, Nose and Throat
Anesthesiology
Dermatology and Syphilology
Industrial Medicine and Surgery
Neuropsychiatry
Pathology and Bacteriology
Pediatrics
Radiology
Urology

Scientific Exhibits at the Annual Session

Organizations and members who desire to present scientific exhibits at the annual session to be held in Del Monte, May 5-8, 1941, should promptly communicate with the chairman of the Committee on Scientific Work, Dr. George H. Kress, 450 Sutter Building, San Francisco.

Film Presentations at the Annual Session

California Medical Association members who have produced medical films are cordially invited to communicate with the Committee on Scientific Work. Present plans contemplate the presentation of films on medical and surgical topics and procedures on each of the four mornings of the annual session. Definite times will be set for the films, to be presented on the hours and half-hours of each morning. The large Copper Cup Room of the Hotel Del Monte will be used for these presentations.

✓ ✓ ✓

HOTELS: DEL MONTE AND VICINITY

The official headquarters of the next annual session will be the Hotel Del Monte. Because of the large attendance, the facilities of other hotels must also be used.

All requests for reservations must be sent to the hotels direct. In writing, it is well to state the number in the party, date of arrival, date of departure, nature of accommodations (single room, double room, double bed, twin beds, bath) desired.

A partial list of hotels on the Monterey peninsula follows:

Hotel Del Monte, Del Monte Carl S. Stanley, Manager

East Wing

Single room without bath, one person.....	\$7.50
Double room without bath, two persons.....	7.00
Single room with bath, one person.....	8.50
Double room with bath, two persons.....	7.50
Two single rooms, bath between, two persons.....	8.00
Two double rooms, bath between, four persons.....	7.00

Main Building, Cottages, Remodeled West Wing

Single room with bath, one person.....	9.50
Double room with bath, two persons.....	8.50
Sitting room.....	8.00

All above rates are on the American Plan of service, which includes meals.

✓ ✓ ✓

Del Monte Lodge, Pebble Beach

Same management as Hotel Del Monte, Del Monte, Calif.
Ashton Stanley, Resident Manager

The Lodge is located approximately five miles from the Del Monte Hotel, overlooking the ocean.

Accommodations available. Rates are quoted for the period of the meeting of the California State Medical Association being held at Del Monte Hotel May 5, 6, 7 and 8, 1941, as follows:

Single room and bath.....	\$9.50 per day per person
Double room and bath.....	8.50 per day per person
Sitting room.....	8.00 per day additional

American Plan of service, which includes meals.
Can accommodate approximately 60 persons.

✓ ✓ ✓

Highlands Inn, Carmel

E. H. Tickle, Manager

Located four miles south of Carmel, California, perched on a rugged cliff overlooking the Pacific Ocean.

Main building and chalet accommodations.

Situated about seven miles from Del Monte; quiet location, comfortable and modern rooms.

About 20 rooms available. Rates quoted for the period of the California Medical Association meeting being held at Del Monte Hotel May 5, 6, 7 and 8, 1941, as follows:

Single room with bath.....	\$4.00 and \$4.50 per day
Double room (double bed).....	5.00 per day
Double room (twin beds).....	6.00 per day

Can accommodate approximately 25 couples.

Meal Rates

Breakfast, 75 cents; luncheon, \$1.00; dinner, \$1.25.
European Plan of service.

✓ ✓ ✓

Forest Hill Hotel, Pacific Grove

S. S. Parsons, Manager

Located in Pacific Grove, California, approximately four miles from Del Monte. Situated in residential section of Pacific Grove; quiet, family-type hotel.

Between 40 and 50 rooms available. Rates quoted for the period of the California State Medical Association meeting

being held at Del Monte Hotel, May 5, 6, 7 and 8, 1941, as follows:

European Plan

Single room with bath.....	\$2.50 per day
Double room with bath (double bed).....	4.00 per day
Double room with bath (twin beds).....	5.00 per day

Dining Room

Breakfast, à la Carte

Luncheon, 65 cents; dinner, 85 cents and \$1.00

Garage, 35 cents per day

Can accommodate approximately 100 persons.

♦ ♦ ♦

Mission Inn, Monterey

Herbert J. Fisher, Resident Manager

Located in the heart of Monterey; one mile from Hotel Del Monte

Accommodations available. Rates quoted for the period of the California State Medical Association meeting being held at Del Monte Hotel May 5, 6, 7 and 8, 1941, as follows:

10 rooms with double beds and bath.....	\$3.00 single 4.00 double
5 rooms with twin beds and bath.....	5.00 double
A few large suites accommodating from three to five persons.....	1.50 to 2.00 per person
Can accommodate approximately 40 guests.	
European Plan of service.	

♦ ♦ ♦

Asilomar, Pacific Grove

Paulsen and Dave Visel, Managers

Asilomar is located in Pacific Grove, California, about six miles from Del Monte Hotel. It is ideally situated near the ocean, and is a moderate-priced, family, resort hotel. Facilities for all types of sports are available; swimming pool, tennis courts, badminton courts, valley ball, baseball, basketball, etc. Ten minutes by car from Del Monte. Accommodations available. Rates quoted for the period of the California State Medical Association meeting being held at Del Monte Hotel May 5, 6, 7 and 8, 1941, as follows:

European Plan

16 double rooms, each with private bath and shower, accommodating 32 persons, per person.....	\$4.00
20 single rooms, each with connecting toilet and shower, accommodating 20 persons, per person.....	3.00
10 double rooms, each with connecting toilet and shower, accommodating 20 persons, per person.....	2.50
7 single rooms, each with connecting toilet, accommodating 7 persons, per person.....	2.25
6 double rooms, each with connecting toilet, accommodating 12 persons, per person.....	2.00
5 single rooms, each with running water, bath facilities nearby, accommodating 5 persons, per person.....	2.00
30 double rooms, each with running water, bath facilities nearby, accommodating 60 persons, per person.....	2.75
10 triple rooms, each with running water, bath facilities nearby, accommodating 30 persons, per person.....	1.50
Can accommodate 186 persons.	

The above mentioned accommodations are located in the Hill Top, Scripps, Lodge, and Guest Inn. These buildings are all heated, each has its own lounge and open fireplace, and all rooms, except four doubles in Scripps, have twin beds.

Meal Rates

Breakfast, 30 to 60 cents; luncheon, 50 to 95 cents; dinner, 75 cents to \$1.00.

♦ ♦ ♦

La Playa Hotel, Carmel

Frederick M. Godwin, Managing Owner

Located in the heart of Carmel, only a short distance from the beach, and about five miles from Del Monte.

A modern, quiet hotel.

About twenty to thirty rooms available, each room with bath. About two-thirds of the rooms are doubles, and one-third singles. Rates quoted for the period of the California State Medical Association meeting being held at Del Monte Hotel May 5, 6, 7 and 8, 1941, as follows:

Continental Plan

Single rooms—Lodging and breakfast.....	\$4.00 to \$ 6.00
Ocean view rooms start at \$5.00	
Double rooms—Lodging and breakfast.....	\$8.00 to \$10.00
Ocean view rooms start at \$9.00	

About forty of these rooms are equipped with twin beds and ten with double beds.

Can accommodate approximately 90 persons.

♦ ♦ ♦

Pine Inn, Carmel

Harrison Godwin, Managing Owner

Located in the heart of Carmel, about five blocks from the beach. Quiet, modern, family hotel.

Accommodations available. Rates quoted for the period of the California State Medical Association meeting being held at Del Monte Hotel May 5, 6, 7 and 8, 1941, as follows:

American Plan

Single room without bath.....	\$4.50
Double room without bath.....	7.00
Single room with bath.....	\$5.00 to 6.00
Double room with bath.....	8.00 to 12.00

European Plan

Single room without bath.....	2.50
Double room without bath.....	3.00
Single room with bath.....	\$3.00 to 5.00
Double room with bath.....	3.50 to 7.00

♦ ♦ ♦

Monterey Hotel, Monterey

Robert C. MacChesney, Manager

Small, commercial hotel, located in the heart of Monterey, California; one mile from Hotel Del Monte

About forty-two rooms available. Rates quoted for the period of the California State Medical Association meeting being held at Del Monte Hotel May 5, 6, 7 and 8, 1941, as follows:

European Plan

2 rooms with twin beds and bath.....	\$4.00 double
3 suites (2 rooms, each with bath, adjoining) double bed in each room.....	6.50—4 persons
2 suites (2 rooms with double bed in each room, bath adjoining the two rooms).....	6.50—4 persons
5 rooms with double bed and bath, each person \$2.50.....	3.50 double
7 rooms with double bed and bath, each person \$3.00.....	3.50 double
1 room with double bed and shower, each person \$2.50.....	3.00 double
20 rooms with double bed, no bath, each person \$1.50.....	2.00 double

The rooms are all double; therefore, they can accommodate approximately 75 persons.

♦ ♦ ♦

Hotel San Carlos, Monterey

Peter W. C. Watson, Managing Director

Located in the heart of Monterey, California, one mile from Hotel Del Monte. First-class, commercial type hotel, modern in every way.

About 110 rooms available. Rates quoted for the period of the California State Medical Association meeting being held at Del Monte Hotel May 5, 6, 7 and 8, 1941, as follows:

European Plan

20 rooms with twin beds, per day.....	\$6.00 and \$7.00 double
45 rooms with double beds and tub bath.....	{ 3.00 single 4.50 double
45 rooms with double beds and shower bath.....	{ 2.50 single 3.50 double

CALIFORNIA COMMITTEE ON MEDICAL PREPAREDNESS†

The Committee on Medical Preparedness of the California Medical Association, through its chairman, Dr. Philip K. Gilman, recently sent to the component county societies the letter which follows. The letter was drafted after conferences held with the medical officers in command for the Ninth Corps Area. In connection with other

† Philip K. Gilman, M. D., 2000 Van Ness Avenue, San Francisco, is chairman of the California Committee on Medical Preparedness. Charles A. Dukes, M. D., 426 Seventeenth Street, Oakland, is a member of the American Medical Association Committee on Medical Preparedness. Roster of county chairmen on Medical Preparedness appeared in CALIFORNIA AND WESTERN MEDICINE, August, 1940, on page 86.

For editorial comment, see page 1.

information given in this issue, the need for the communication is understood.

(COPY)

CALIFORNIA MEDICAL ASSOCIATION
San Francisco, December 23, 1940.

To the Presidents of the
Component County Societies.

Dear Doctors:

The United States Army has called on the California Medical Association to aid in the burden of supplying close to three hundred doctors for hospitals to be staffed as part of the work of the present draft law. The Army is building six hospitals in various California cities, for which staffs of from twenty-five to seventy-three doctors each will be needed.

Doctors in all types of practice are required—general medicine, surgery, and all the specialties.

Frankly, I need your help in this matter. The Association has not the necessary information on the doctors of the entire state to determine whether or not they are available for Army service for a period of one or more years; you, as president of your local society, are in a much better position than I to locate men in your area who might be persuaded to accept Army Medical Corps work. Our goal right now is one hundred men in the next thirty days.

Any doctor who has registered under the Selective Service Act would be well advised to take an Army commission now and thus continue his medical work, rather than to wait for a draft call which might place him as a private in some type of work for which he is not trained and which would retard the development of his medical skill. Any other doctor who could arrange his affairs so as to serve with the Army at this time will also be assisting this work greatly. Holders of commissions in the Medical Reserve Corps might well be willing to enter active service now rather than wait for a call.

With these thoughts in mind, may I ask you to canvass the membership of your society and locate any doctors who might be available for Army service in the immediate future or within the next few months.

Please let me know as soon as possible the names of any doctors you can locate in your society for Army service. If you or they have any questions on the matter, pass them along and I will see that they are answered immediately.

This is an extremely important situation, and I am counting on your help to solve it in a manner that will do credit to the Association.

Four Fifty Sutter.

Fraternally yours,

(Signed): P. K. GILMAN, M. D.,
Chairman, California Committee on
Medical Preparedness.

* * *

Conference: Re Local Draft Board Assignments

On Thursday, December 19, Dr. Harold A. Fletcher, chairman of a special committee of the San Francisco County Medical Society, called a meeting at which were present: Colonel Bert S. Thomas and staff of the California Adjutant General's medical department; Doctors Harold L. Fletcher, H. Glenn Bell, Carleton Mathewson, Jr., Emile Holman, J. Marion Read, and Alson R. Kilgore, for the San Francisco County Medical Society; and Doctors Philip K. Gilman, Charles A. Dukes, George H. Kress, and Mr. John Hunton for the California Medical Association.

The special purpose of the meeting was to learn what are the responsibilities of component county medical societies in providing the Adjutant General's department with names of physicians in civil practice who would be willing to aid in the medical examinations of draftees of those local selective service boards, where the amount of work ahead was more than could be expected from the existing medical personnel.

In the beginning, all selective service board appointments were made upon final recommendation of Governor Culbert L. Olson, who, as regards the 284 local boards, had deputized a Superior Court judge in each county to submit names for the local boards of the district. Because the number of draftees in the California boards has considerable variation, it has been found that more than one medical examiner is needed in many cases.

It was agreed that Doctor Fletcher's committee would provide additional medical aid where indicated.

Similar problems have arisen in other parts of the state.

* * *

Table 1.—Station Hospital, Zone of Interior

The large table on page 33 gives information concerning medical officer personnel attached to hospitals, having bed capacities from 100 to 2,000. Army Hospitals in California, with bed capacities, are: Camp Ord, 1,500; Nacimiento, 1,000; San Luis Obispo, 1,000; Santa Barbara, 750; Riverside, 500; Torrey Pines, 400.

* * *

Military Hospitals in California

Abstract of minutes of the conference held in the office of the Commanding Officer of the Ninth Corps Area at the Presidio, San Francisco, on Tuesday, December 10, 1940.

Present were Colonels Peery, Corby, Myers, and McCornack, and Doctors Dukes, Gilman, and Kress.

Special subject of discussion was the consideration of ways and means whereby the selective service hospitals now in process of erection or projected should be medically staffed.

The hospitals thus far announced for the Ninth Corps Area with prospective bed capacity, are as follows:

For California	Bed Capacity
Camp	
Camp Ord, Monterey	1,500
Nacimiento, Hearst Ranch	1,000
San Luis Obispo	1,000
Santa Barbara	750
Torrey Pines	400
Aviation Training, Riverside	500
For Washington	
Fort Lewis	2,000
Vancouver	750

Concerning the staff organization for these hospitals, it was stated that each hospital would have a surgical service and a medical service, with a medical officer in charge of each of these two major services.

Specialty divisions would be in charge of section chiefs who would be allocated to and be under the general supervision of the chiefs of the surgical and medical services.

It was stated that by January 20, it was hoped to have the hospitals at San Luis Obispo, at Camp Ord, and at Riverside, sufficiently under way to take over hospital work.

Concerning medical reserve corps officers, it was stated that colonels, lieutenant-colonels, and majors were not permitted to resign, but a statement in *The Journal of the American Medical Association*, of December 7, 1940, on page 2008, was correct, wherein it stated that at the Chicago conference, recently held in the American Medical Association headquarters, General Love of the Army Medical Corps had stated that any reserve officer below the grade of captain, prior to assignment to duty, had the right to resign as a reserve medical corps officer.

The medical officers of the Ninth Corps Area were anxious to receive information concerning the qualifications of men who were members of the medical reserve corps or who were in civil practice, to the end that the staffing of the Government hospitals would be maintained up to the standards of accredited civil and military hospitals.

Presidio officers expressed themselves as desirous of coöperating as fully as possible with the medical profession, but felt that the standards of the Government hospitals must be properly maintained.

Under the caption, "Table 1.—Station Hospital, Zone of Interior," appearing in this department of CALIFORNIA AND WESTERN MEDICINE, appears a table showing tentative allocation of staff personnel in hospitals of different size.

TABLE 1.—Station Hospital, Zone of Interior
(Tentative, Subject to Change)

(Column Reference Numbers*)	1	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	UNIT (Bed Capacity)	100	150	200	250	300	350	400	450	500	600	700	750	800	900	1000	1500	2000
2	Colonel	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
3	Commanding officer																	
4	Lieutenant Colonel																	
5	Commanding officer																	
6	Executive officer																	
7	Chief of medical service																	
8	Chief of dental service																	
9	Major	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
10	Commanding officer																	
11	Sanitary inspector																	
12	Registrar																	
13	Assistant registrar																	
14	Fire marshal																	
15	Mess officer																	
16	Chaplain																	
17	Chief of medical service																	
18	Asst. chief of med. service																	
19	Gastro-enterologist																	
20	Neuropsychiatrist																	
21	Internist																	
22	Cardiologist																	
23	Communicable disease																	
24	Officers' Section																	
25	Chief of surgical service																	
26	Asst. chief of surg. service																	
27	Orthopedist																	
28	Urologist																	
29	Oculist																	
30	Otorhinolaryngologist																	
31	Septic surgeon																	
32	General surgeon																	
33	Chief of dental service																	
34	Asst. chief of dental service																	
35	Clinical pathologist																	
36	Radiologist																	
37	Captain	4	5	7	9	10	12	13	14	16	16	18	18	18	20	19	27	35
38	Chaplain																	
39	Adjutant (MAC)																	
40	CO DMD (MAC)																	
41	Mess officer (MAC)																	
42	Medical supply officer (MAC)																	
43	Tuberculosis																	
44	Neuropsychiatrist																	
45	Urologist																	
46	Dermatologist																	
47	Internist																	
48	Cardiologist																	
49	Neurologist																	
50	Contagious disease																	
51	General operating surgeon																	
52	Oculist																	
53	Otorhinolaryngologist																	
54	E. E. N. & T.																	
55	Ward officer (med.)																	
56	Ward officer (surg.)																	
57	Orthopedist																	
58	Urologist and dermatologist																	
59	Anesthetist																	
60	Oral surgeon																	
61	Prosthetist																	
62	Clinical pathologist																	
63	Radiologist																	
64	First lieutenant	4	7	8	9	10	11	13	13	9	11	11	16	16	17	17	21	31
65	Adj. and fire marshal (MAC)																	
66	Chaplain																	
67	Registrar																	
68	Assistant registrar (MAC)																	
69	CO DMD (MAC)																	
70	Assistant DMD (MAC)																	
71	Assistant ward officer (med.)																	
72	Assistant ward officer (surg.)																	
73	Prosthetist																	
74	General operator (dental)																	
75	Clinical pathologist																	
76	Mess officer																	
77	Medical supply officer (MAC)																	
78	Second lieutenant																	
79	Assistant adjutant (MAC)																	
80	Asst. med. supply (MAC)																	
81	Assistant mess (MAC)																	
82	Medical supply (MAC)																	
83	Total commissioned	10	14	17	21	23	26	29	32	37	41	45	50	54	57	61	78	97

The distribution of personnel indicated hereon is advisory, considerable variation being left to the discretion of the commanding officer of the hospital. MAC—Medical Administrative Corps (may be laymen), CO—Commanding Officer, DMD—Department Medical Detachment (need not be an M. D.).

Occupational Deferments in Selective Service

A recent bulletin from the National Headquarters of the Selective Service System, Washington, D. C., gives the following information (excerpts):

Sounding a note of caution to employers and workers alike not to become "unduly anxious" about occupational deferment of employees from training under the Selective Service Act, C. A. Dykstra, director of Selective Service, assured them that "for the greatest interest of the nation" production of necessary materials will be given preference over manpower requirements as its armed forces are increased.

Mr. Dykstra said: "Don't be anxious or hasty regarding occupational deferments. Be patient. Full information will be available for all concerned in ample time. The Act, the Regulations and the whole Selective Service System provide all necessary provisions and procedures to safeguard the interests of workers, of employers, the local community, the families of registrants and the interests of the nation as a whole."

Mr. Dykstra emphasized that occupational deferments, each of which will be determined on an individual basis, rest with the local boards having jurisdiction of the 17,000,000 Selective Service registrants and not with National Headquarters of the Selective Service System. While National Headquarters is vitally interested in keeping key men in essential jobs, Mr. Dykstra pointed out that it cannot under any circumstances interfere with a local board's inalienable right to decide whether its individual registrants should be deferred because of civilian occupations.

Employers desirous of obtaining information concerning deferments may obtain copies of Volume III, Selective Service Regulations, pertaining to classification from the Superintendent of Documents, Washington, D. C., Mr. Dykstra said and added that they may consult State Advisors on Occupational Deferments now and local boards after the National Lottery.

Mr. Dykstra said:

"It is a basic principle of Selective Service at this stage of the national defense preparation that material procurement is paramount. Therefore, where two requirements—military manpower vs. production-conflict, production should have priority."

* * *

Conference on Military Medicine: At San Diego

A local committee of the San Diego County Medical Society, Dr. F. E. Toomey, chairman, contemplates a two-day symposium on military medicine, the same to be given in conjunction with the Committee on Postgraduate Activities of the California Medical Association. More concerning the program appears in this issue on page 38.

* * *

Pay and Allowances of Majors, Captains, and Lieutenants in United States Army

The annual base pay and allowance for quarters, and subsistence for the three lowest commissioned ranks in the Army Medical Corps are as follows:

Medical Corps	Base Pay	Quarters	Subsistence	Total
First lieutenant ¹	\$2,000	\$720	\$432	\$3,152
First lieutenant ²	2,000	480	216	2,696
Captain ¹	2,400	960	432	3,792
Captain ²	2,400	720	216	3,336
Major—less than 14 years' service	Same as captain			
Major—over 14 years' service ¹	3,000	1,848 (subs. inc.)		4,848
Major—over 14 years' service ²	3,000	720	216	3,936

¹ With dependents.

² Without dependents.

* * *

Modern Warfare Will Increase Incidence of "Soldier's Heart"

Adequate examination should make possible the institution of preventive or early treatment measures for neurocirculatory asthenia or "soldier's heart," one of the most frequent causes of invalidism among soldiers, *The Journal of the American Medical Association* declares in an editorial which points out that modern warfare will also make the condition widespread among civilians.

The condition is a syndrome or set of symptoms occurring together. It is characterized, *The Journal* points out,

"by labored breathing, fatigue and exhaustion, palpitation or heart consciousness, fainting, giddiness, sweating, blueness or mottled coloring of the hands and a variety of neurovascular (nerve and blood vessel) phenomena. The pulse at rest and in sleep is normal, but is easily accelerated by emotion or exercise and is abnormally slow in its return to normal after exercise. Blood pressure is as a rule normal at rest, but exhibits the same exaggerated response to exercise and emotion as does the pulse. The electrocardiogram (graphic tracings of the electric current produced by the contraction of the heart muscle) does not reveal any structural changes. The symptom phosphaturia (high percentage of phosphates in the urine), so commonly observed in neurotic patients, is common especially after light exercise."

The editorial says:

"The appearance of the second edition of Sir Thomas Lewis's 'The Soldier's Heart and the Effort Syndrome' focuses the attention of physicians once more on one of the most frequent causes of invalidism among soldiers. 'Soldier's heart,' 'the irritable heart of soldiers,' 'disturbed action of the heart,' 'effort syndrome,' and 'neurocirculatory asthenia' is not a disease. It is rather a complex of characteristic neurovascular symptoms, which occur with sufficient regularity to justify grouping into a definite syndrome. This condition is not an organic disease of the heart or a clinical entity with definite pathologic (disease) appearances. Neither is it peculiar to war conditions. Modern warfare with all its horrors, the physical and emotional strain and the constant fear of death which it invokes is bound to reap a rich harvest of victims of neurocirculatory asthenia. The extension of the horrors of war to the civilian population multiplies the cases beyond measure. In the war of 1914-1918, Sir Thomas Lewis states, for every four wounded there was one cardiovascular (heart and blood vessel) case in the British Expeditionary Force. Seventy thousand had reported sick and were classed as cardiovascular by the summer of 1918, and 44,000 soldiers with effort syndrome (neurocirculatory asthenia) became pensioners. Actually no more than one out of six of these soldiers suffered from disease of the heart. The rest represented cases of 'effort syndrome.'

"To differentiate the condition from organic disease of the heart," the editorial continues, "the English classified these cases as 'disturbed action of the heart (D. A. H.).' The effect of suggesting 'something wrong with the heart' in a condition of undoubted neurogenic (originating in the nervous system) character had anything but a salutary effect on the patients. For this reason, and because the symptoms resembled those of fatigue following effort in normal persons, Lewis gave it the name 'effort syndrome.' The name 'neurocirculatory asthenia' was suggested by a team of medical reserve corps officers of the American army sent to Colchester, England, to study the condition with Sir Thomas Lewis. They felt that the symptoms comprising effort syndrome in normal persons are not exactly the same as those observed in neurocirculatory asthenia.

"While the basic mechanism of neurocirculatory asthenia has not been elucidated, the tendency of students of the syndrome is to regard it as psychogenic (originating in the mind)—a functional disorder of the autonomic (involuntary) nervous system. Given a neuropathic (nervous disorder) predisposition based on hereditary and constitutional inadequacy, many factors can assume the rôle of exciting or initiating agents. Among these, infectious or physical agents and the psychic (mental) strain of war are most important.

"The diagnosis of the syndrome presents few difficulties. Its differentiation from organic disease of the heart, however, calls for special training and experience in cardiology (study of the heart and its functions). The diagnostic problem, likewise, involves the recognition of possible associated disease such as pulmonary tuberculosis, exoph-

thalmic goiter or malaria. The electrocardiogram, the roentgenogram (x-ray film) and previous training and experience in cardiology should eliminate most of the earlier errors.

"Undoubtedly the most important phase in the treatment of this condition is prevention. Prophylaxis should properly begin at the time of enlistment and in the training camps. The faulty examinations in the last war are clearly illustrated, as pointed out by Lewis, by the fact that nearly half the patients invalidated for effort syndrome or heart disease developed the symptoms before joining the forces and more than half developed them before their training was complete. 'There is not the slightest doubt,' states Lewis, 'that adequate examination would have eliminated most of these men, would have kept them in useful employment, would have spared them much suffering, would have saved hospital space and large funds of the Ministry of Pensions. Such patients were six or seven months in training, five months in the hospital, and gave in return 2.2 months of full and 1.5 to two months light duty.' Experience in the last war demonstrated that the prognosis (outcome) on the whole was more favorable when treatment was instituted early. Prolonged rest in bed and digitalis had little if any effect on the course of the ailment. A correct psychologic approach to a condition with a pronounced mental aspect is essential to success. The patient, above all, must be reassured that he is not suffering from heart disease. The treatment of infections and of foci of infections is important. The regimen of graded exercises, as developed by Lewis, has been preëminently successful in restoring most of these patients to a more or less normal state. It has been useful, both for sorting patients as to their reaction to exercise and in curing their symptoms. After a short rest in bed this regimen is initiated by short drills outdoors, supplemented by hikes and games. The average stay at the hospital, under this plan, has been shortened from an average of 5.3 months to five or six weeks."

* * *

MEDICAL PREPAREDNESS: NEWS ITEMS United States Speeds Training of Medical Officers

Washington, December 16 (AP).—The War Department took steps today to train surgeons and other medical personnel for the expanding army.

It authorized \$584,056 to construct quarters for reserve officers and 750 enlisted men at the Walter Reed General Hospital in Washington.

The reserve officers will pursue special courses in surgery and general medical practice. The enlisted personnel will get technical training as laboratory, x-ray and dental technicians, war masters and ward nurses.—*San Francisco Chronicle*, December 17, 1940.

* * *

McNutt Directs Defense Health Administrator's Added Duty to Toughen Up Youths for Emergency

Washington, December 3 (AP).—Paul V. McNutt was brought into the national defense setup today as director of all its health and recreation activities in a move which greatly enlarged the scope of his work as Federal Security Administrator.

He was designated by the Cabinet Council of National Defense, with approval of President Roosevelt, as coordinator of all health, medical, welfare, nutrition, recreation and other related fields of activity affecting national defense.

The assignment was described as a further step toward mobilization of all health resources of the nation in the preparedness program. . . .

A White House announcement said he is authorized to set up advisory committees to assist him, including representatives of other federal agencies, state and local governments, organized private groups, and the public at large.—*Los Angeles Times*, December 4, 1940.

* * *

Professional Men Face Plight Under United States Conscription Law

Pity the plight of a young professional man—doctor, dentist, or lawyer—under the Selective Service Act. He has no job protection as have salaried men. When he

enters training he loses his practice, in most cases, and has to start from scratch again.

But the Medical, Dental, and Bar Associations, particularly the latter, are organizing to protect their young members in the best way possible during the draft.

"We plan to have members volunteer to take over a draftee's practice during the year he is called for military training," explained Mr. Nathan. "The Bar as a group has been working on this problem for some time and we are pretty well set to give our younger members a decent break."

The problem of doctors and dentists in regard to the draft is not as acute as that of attorneys, according to members of the medical and dental associations.

"Most doctors are members of the Medical Reserve Corps and a lot of graduating internes are volunteering or are planning to in order to finish their military training before entering practice," said an officer of the Medical Association.

It was pointed out officers of the Medical Reserve, which includes dentists, become first lieutenants when called for regular service.

If graduated medical or dental students are not members of the Medical Reserve and are called for service under the Selective Service Act they would not be in actual training very long.

"A man's medical or dental credentials would win him a commission in fairly short order, so he wouldn't be packing a gun very long," explained Colonel Condon C. McCornack, chief medical officer for the Ninth Corps Area.

Colonel McCornack pointed out that a doctor or dentist who is drafted would naturally apply for a commission and would probably receive one in a comparatively short period.

"More and more members of the Medical Reserve are being called each month," said Colonel McCornack. "And we are glad to have young men in the Medical Corps—we need them."

He explained that dentists are in the same group—Medical Corps—and are being called all the time to take their places in various training camps with the doctors. . . .—*San Francisco News*, November 29, 1940.

* * *

The Army's Latest: A "Flight Surgeon"

By Howard Needham

Uncle Sam spares no expense to maintain the sharp proficiency of his new war eaglets now being groomed at Moffett Field for active duty in the Army Air Corps.

From the date of his application for training the neophyte of America's air defense is subjected to innumerable medical examinations, and after every flight he is checked by a "flight surgeon."

The "flight surgeon" is the head of America's new air defense program. He came into being with the new standards of flawless performance which have become routine regulation in this Army's expanded air corps.

Costly Equipment

With the advent of the flight surgeon, new and staggering figures began to appear on the budgets of Army flying posts all over the country. Equipment, capable of revealing the innermost workings of pilots' physiological make-up, was installed at an expense of hundreds of thousands of dollars.

Currently building at Moffett Field is a flight surgeon's building, separate and distinct from the post's regular hospital. The new building will be under Flight Surgeon Lieutenant-Colonel Charles R. Glenn. When completed it will have eleven rooms, filled with the most modern equipment necessary for the complete and accurate checking of physical conditions.

"This equipment is not so interesting in itself," said Lieutenant-Colonel Glenn, "but its microscopic powers of examination are well-nigh phenomenal."

Lieutenant-Colonel Glenn said the new instruments of scientific detection were created after an analysis of World War I flyers, both those that were killed in action and those who flew successfully through their war period.

Physical histories showed that a majority of the men who went over enemy lines, never to return, had mild organic disorders which were not recognized as serious in the slow and comparatively mild form of aviation existent in 1914-1918.

"Today's planes fly so much faster at such greater altitudes that these minor disorders have become major handicaps, in the eyes of the Army Medical Corps," Colonel Glenn said.

"During the past twenty-five years, by careful study, air corps requirements have been altered, improved and restricted to meet changing conditions in aviation until we have the physical examination now required for anyone who goes into the air.

Rigid Examination

"This physical examination is the most rigid that anybody can take. When you have passed this examination, you can pass any physical examination."

Present examinations seek to establish the applicant's reserve strength as well as his normal prowess, Colonel Glenn explained. "The entrance examination is just the beginning, for the flight surgeon continues to reexamine the pilot every six months during his training career."

In addition to the semi-annual check, the pilot is observed by the flight surgeon at least once a day on the flying field. He must remain in as good condition as he was the day of his acceptance into the air corps.

Most important bit of Nature's equipment to a war pilot is his eyes. The flight surgeon breaks down all elements of vision and examines each one separately.

"We test the field of vision to be sure all the areas of the pilot's eye are perceiving equally," Colonel Glenn said. "We test the muscle balance to be sure there is no tendency for an individual to see double. We have found that over long periods of flight, fatigue impairs this muscle balance with disastrous results."

"We also find that by measuring this muscle balance, visual acuity, field of vision and color sense, we have a definite indicator of the normal sight of the individual. A reexamination with different results means fatigue or staleness."

Ears Also Checked

The flight surgeon likewise makes rigorous checks of the pilot's ear and its accessories. A small outer canal or a small eustachian tube, perhaps caused by childhood abscesses or common ear ailments, may prevent the pilot from adapting himself to various heights.

A pilot with such a condition almost invariably suffers great pain because of unequal pressures on the ear drum. This pain will interfere with the flyer's flight proficiency, thus he is disqualified.

Nose and throat, sinuses, heart, circulatory system, chest and lungs, bone structure and all organs receive the same minute scrutiny. Many men, in perfect health, may not be able to fly because of the after-effects of an old illness which normally would not reveal itself, but would prove a definite handicap when flying at extreme altitudes at 300 miles per hour.

Army pilots must not be below 64 inches in height nor above 74, and their weight cannot exceed 200 pounds.

* * *

War Nerves

Doctor Finds Bombing Hasn't Affected British

By Staff Correspondent, North American Newspaper Alliance.

New Haven, Conn., December 18.—Blitzkrieg and bombing have failed to affect the nervous systems of the British people, says Dr. John F. Fulton, Yale medical school physiologist, who has returned from a trip of observation in England taken in behalf of medical preparedness in this country. . . .

As a physiologist, Doctor Fulton was asked to make special studies for the War Department on the physiological effects upon the fighter pilots of their high-altitude flying and the terrific dive attack tactics of present air fighting. This is a confidential report, but some general aspects of it Doctor Fulton was able to discuss.

One Great Problem Is the Power Dive

One terrific problem, both medical and tactical, is what the sudden "pull-out" from a 400-mile-an-hour dive does to a flyer. The human organism isn't built to stand as violent a wrench as an airplane can take. Blood rushes from the head to the feet and the flyer often "blacks out" into unconsciousness. This may be brief or it may last until his plane drops to crash.

Planes will hold course during a brief interval of the pilot's unconsciousness, but he is utterly exposed to attack in such condition. They have experimented with changing the position of the seat to make the jerk up less violent. They have tried having the pilot lie prone, in diving position. Some flyers try tying a scarf tight about the neck to shake off the flow of blood from the head.

Above 20,000 feet—and much air fighting is done at 25,000 to 35,000 feet—flyers require oxygen. The British have better oxygen and other physiological equipment to maintain their flyers at extreme altitudes than the Germans, Doctor Fulton says. That was a decisive factor in turning the air battles against the Germans in September. The Germans' morale in the air cracked up, he says, in the period when 215 planes were brought down over England in one day, September 16.

High Altitude Flight Equipment

His report on high altitude flying effects bears upon a primary problem of American defense training. Doctor

Fulton says, "One thing that made the greatest impression on me in my contact with the British RAF was the importance of adequate physiological equipment for protection of the pilot in high altitude flights."

Since only a few of our military planes have not been built for high altitude flying, our pilots so far have had relatively little experience even in routine flying at high altitudes, let alone fighting. So they have little adequate oxygen equipment.

"A little oxygen equipment and the researches of a handful of English investigators formed probably the chief factor, after their gunnery, in the British air successes. We can profit by their experience, for they have placed it all at our disposal." . . .

One of the new kinds of casualties that particularly interested Doctor Fulton is death or collapse from the blast of a bomb which leaves no sign of physical injury. Relatively many such casualties occur; both death and temporary collapse, especially in confined spaces, as on naval vessels under air attack. He found that not much of anything has yet been discovered about blast cases.—San Francisco *Chronicle*, December 19.

* * *

Draft Boards List Eligibles

Report Discloses 2,360 Ready for Training;
6,709 Await Tests

Los Angeles County's 107 local draft boards have placed 2,360 young men between the ages of 21 and 35 years at the disposal of the United States Government as future selective service trainees.

Another 6,709 have been certified as ready for immediate duty, provided they pass physical examinations.

That was the report yesterday of Major Elkin J. Plato, Southern California draft coordinator, after a "trial balance" of the first month's questioning of the first 10 per cent of the county's conscription registrants.

Total 384,515

His announcement began with the final total of potential military trainees on the 107 boards' rosters: 384,515.

Tentatively, a quota of 16,826 draftees has been assigned to Los Angeles for service before June 1, Major Plato added. Of these, approximately half may expect a call by next March, he said.

Before January 1, it was indicated, these 8,413 men will have been certified as "available" whenever summoned.

Get Questionnaires

As of December 6, date when the initial 10 per cent of the registrants were to have been classified, 50,121 had received their eight-page questionnaires on the basis of which each man will be placed in categories denoting his place on the draft waiting list.

Some 36,588 already have been classified, Major Plato's report showed.

Another 13,533 questionnaires are being considered by local draft boards. In some cases, the Coordinator said, boards have been required to investigate deeper into registrants' claims for deferment.

Influenza Delays Work

However, Major Plato added that the six county appeal boards, last resort of draftees seeking exemption, have not been "as busy as we expected." Requests for deferment from duty on grounds of the importance to national defense of a man's job come most frequently, he said.

Chief bottleneck in the race to classify registrants for future service has been medical examinations, Major Plato declared.

"The influenza outbreak, which has kept our doctors extremely busy, has set us back two weeks," he said.

Digest of Cases

Here is a breakdown of the 36,588 cases already classified in the county:

Class 1-A (medically fit, without dependents or essential occupations, and ready for instant call): 2,360.

Class 1-A (still to be medically examined, but otherwise rated immediately available): 6,709.

Class 1-B (available for "limited duty" only because of slight physical deficiencies): 367.

Class 1-C (already in service as Regular Army, Navy, or Marine Corps members, the Reserve, or National Guard): 616.

Class 1-D (college students deferred until the expiration of the present school year): 440.

Limited Duty

Class 1-E (same, but available for "limited duty" only): 20.

Class 2-A (deferred because their jobs are deemed essential to national defense): 885.

Class 3-A (deferred for reason of having dependents): 22,137.

Class 4-A (have completed required military service): 329.
 Class 4-B (government officials deferred by law): 3.
 Class 4-C (aliens who have not taken out first papers): 1,351.
 Class 4-D (ministers and divinity students): 144.
 Class 4-E (conscientious objectors): 86.
 Class 4-F (unfit for physical, mental or moral reasons): 1,141.—*Los Angeles Times*, December 18, 1940.

Hospital Defense

Announcement by the American College of Surgeons of the 1940 approved list of 2,806 hospitals in the United States, Canada, and a few other countries, should be hailed with exceptional interest at a time when national defense looms large in our thinking.

Preservation of life and health has emergency significance today. Thousands of additional workers are being drawn into industry as production of the materials and implements of war is speeded, and these workers must be protected.

In the United States, mobilization of the national guard and conscription present new health problems.

On the front line of defense against the menaces to life and health are our hospitals, which never need wait for a national crisis to be pressed into emergency service, but must always be ready for catastrophe, whether it is a head-on collision of motor-cars or a shrieking tornado that leaves havoc in its wake.

Of the 2,806 hospitals that the American College of Surgeons lists as approved, 200 are approved by the college for graduate training in general surgery and the surgical specialties. These hospitals might be considered key-fortresses in the hospital defense system.

In our military plans for defense, we are profoundly concerned with training pilots and airplane mechanics, soldiers, sailors and marines, and officers to command them.

It is equally important to train surgeons for the protection of the civilian as well as the military forces. Thus the program of the American College of Surgeons to encourage more suitable hospitals to undertake graduate training for surgery is exceedingly opportune.—*San Francisco Call-Bulletin*.

COMMITTEE ON POSTGRADUATE ACTIVITIES†

California Clinical Conferences

Programs for clinical conferences, to be held under the auspices of several county medical societies, are now in the making. Tentative programs are being drafted by the local Postgraduate Committees, acting in cooperation with the California Medical Association Committee on Postgraduate Activities:

San Diego County Medical Society, Dr. F. E. Toomey, Chairman.

Fresno County Medical Society, Dr. J. M. Arthur, Chairman.

Imperial County Medical Society, Dr. George C. Holeran, Chairman.

In due time, further information will be sent to the physicians in the respective districts by both the local and state committees.

* * *

Eye, Ear, Nose, and Throat Course: Los Angeles

The Tenth Annual and Midwinter Clinical Course in Ophthalmology and Otolaryngology will be given by the Research Study Club of Los Angeles, January 20 to January 31, inclusive.

Instruction courses will be given as follows:

The Eye

Edward Jackson, M.D.—“Methods of Measuring Refraction.”

Meyer Wiener, M.D.—“Surgery of the Globe.”

Russell L. Stimson, M.D.—“Clinical Photography of the Eyes.”

†Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

Walter I. Lillie, M.D.—“Some Practical Points Pertaining to the Routine Examination and Treatment of Patients in the Office.”

Roderick P. O'Connor, M.D.—“Technique of the O'Connor Operation.”

Ralph I. Lloyd, M.D.—“Perimetric Methods.”

Ear, Nose, and Throat

John F. Barnhill, M.D., and William J. Mellinger, M.D.—“Points in the Anatomy that Make Surgery of the Neck Comparatively Safe and Easy.”

Albert C. Furstenberg, M.D.—“Acute Infections of the Mouth and Pharynx.”

Gilbert Roy Owen, M.D.—“Oto-Ophthalmologic Roentgenology.”

Isaac H. Jones, M.D.—“Comments on Vitamins; Sense of Smell; and Neuro-otology.”

Leland G. Hunnicutt, M.D., Russell M. Decker, M.D., and Herman Semenov, M.D.—“Changes in the nasal mucous membranes resulting from growth, disease, and drugs. Illustrated by colored photomicrographs.”

“Histopathological changes in the nasopharynx and eustachian tubes in relation to chronic catarrhal deafness.”

“Histopathology of the middle ear and sinuses. Allergy.”

The fee for the course is \$50—\$25 payable on registration and \$25 at the beginning of the course. Registration may be made by sending a check to Pierre Violé, M.D., Treasurer, 1930 Wilshire Boulevard, Los Angeles. Any additional information may be secured by writing to the secretary, Don S. Dryer, M.D., 2007 Wilshire Boulevard, Los Angeles.

The Committee of the Research Study Club: Edwin S. Budge, Frank E. Detling, Don S. Dryer, A. Ray Irvine, Simon Jesberg, Harold S. Muckleston, Pierre Violé, Clifford B. Walker, and Isaac H. Jones, Chairman.

American Laryngological, Rhinological, and Otolological Society: Western Sectional Meeting

Scientific meetings will be held at the Family Club, Bush and Powell Streets, San Francisco, Robert C. Martin, M.D., Chairman, on Saturday and Sunday, February 1 and 2, 1941.

10 A. M. FEBRUARY 1

President's Address—J. Mackenzie Brown, M.D., Los Angeles.

Symposium on Therapy of Diseases of the Ear, Nose, and Throat

Vitamin Therapy—W. P. Covell, M.D.

Pharmacology of Vasoconstrictor Drugs—M. L. Taintor, M.D.

Serum Therapy—K. F. Meyer, M.D.

Chemotherapy—Edwin E. Osgood, M.D.

Roentgen Therapy—Harry Garland, M.D.

Afternoon

Golf at San Francisco Golf Club. Transportation will be furnished for those who wish to golf or ride about the San Francisco Bay region.

7 p. m.—Banquet, Pacific Union Club.

SUNDAY, FEBRUARY 2

8:30 a. m.—Breakfast, Bohemian Club.

9:15 a. m.—Business Meeting.

10:00 a. m.—Scientific Session, Family Club.

Infections of the Masticator Space—Colby Hall, M.D.

Operative Treatment of Carcinoma of the Esophagus—H. Brodie Stephens, M.D.

Post-Traumatic Syndrome of Head Injuries—Howard Brown, M.D.

Brain Abscesses with Recovery—Henry Profant, M.D.
Autonomic Nervous System, the Embryology, Anatomy, and Physiology Thereof—David R. Higbee, M.D.

* * *

The Will to Learn*

Three weeks ago the Interstate Postgraduate Medical Association of North America held its five-day annual meeting at Cleveland. The public auditorium, an enormous hall with a seating capacity of thousands, was hired for the purposes of the daily assembly and the housing of the commercial and scientific exhibits. Five thousand physicians were registered. The majority came from the Midwest, but many were from communities as distant as Texas, California, and Canada. They met every morning at eight o'clock, and adjourned at nine or ten o'clock at night, having had an hour's respite for both lunch and dinner. Every paper and presentation was started and stopped on the minute. The program was general and had a wide medical

*From an editorial in *The New England Journal of Medicine*, November 7, 1940.

appeal. The Association first met in a small church a number of years ago and has steadily grown, until last year at the Chicago meeting the attendance was six thousand. Such an extraordinary demonstration of the will to learn on the part of the medical profession at large may well be regarded as indisputable evidence that the health problems of the western three-quarters of North America are in good hands and that the community at large need have no fear for its well-being. It is perhaps not saying too much to state also that this meeting is evidence of a type of altruistic humanism and humanitarianism that will in the end serve to lead the world out of its present chaotic barbarianism.

Next week New England has her third postgraduate assembly, modeled on the larger organization, but cut down to fit a smaller territory and fewer doctors. Every registered physician in this area has been invited to attend. The appeal is universal rather than specialized, and the conduct of the meeting may be expected to reach the high efficiency of its predecessors. There can be no question of the will to learn on the part of the local profession; therefore, let them compliment the speakers, evidence their faith in the managing committee and profit their own interests by attending in even larger numbers than they have in the past two years.

* * *

TWO-DAY SYMPOSIUM ON MILITARY MEDICINE AND SURGERY: IN SAN DIEGO ON SATURDAY AND SUNDAY, FEBRUARY 1-2, 1941

Special Announcement

Preliminary announcement is made of a two-day (Saturday-Sunday, February 1 and 2) symposium on military medicine and surgery to be held under the auspices of the San Diego County Medical Society, in coöperation with the California Medical Association Committee on Postgraduate Activities. The San Diego committee consists of Doctors F. E. Toomey, S. J. McClendon, and Frank St. Sure; respectively, editor of San Diego Bulletin, California Medical Association councilor, and president of the San Diego County Medical Society.

Headquarters will be the Hotel Del Coronado, where most of the conferences will be held.

A cordial invitation to attend this two-day conference is extended to all members of the California Medical Association. The schedule has been arranged to make it possible for members of other county societies in the southern section of the state to be present and participate in what promises to be a conference of special interest.

✓ ✓ ✓

Excerpts from a letter received from Doctor Toomey follow:

Our committee, composed of myself as chairman, Dr. Frank St. Sure, president of San Diego County Medical Society, and Dr. S. J. McClendon, state councilor of the California Medical Association, met this noon and officially formed the San Diego Civilian Medical Defense Committee.

The symposium on military medicine and surgery will be held at Hotel Del Coronado on Saturday and Sunday, February 1 and 2. We shall have working in conjunction with, and as members of, the above committee, Captain Manchester, United States Navy, Medical Corps (retired), and a member representative of our medical auxiliary. We have at present been assured of the coöperation of our newspapers, the Spreckels Companies, our two radio stations, and the Publicity Committees of the Chamber of Commerce. . . .

Our program will tentatively be headed by Dr. Joel White, who is procuring various slides and cuts from the Defense Department in Washington, D. C. Doctor White is a Captain in the United States Navy and is extremely well qualified in this matter. We are asking you and the State Committee for proposals relative to additional speakers. Doctor McClendon, who is to aid as program chairman, suggests that our symposium begin at approximately 4 p. m.; then a dinner meeting at 7 p. m., or thereabouts—the Auxiliary being invited to attend—and the speaker be one of our retired Admirals who may be extremely versed on our problems. . . .

Special invitations are extended to Doctor Wilson, Doctor Gilman, Doctor Dukes, and Doctor Rogers, and yourself. May we suggest that your office contact these men and explain the proposition and the date of the meeting to them.

✓ ✓ ✓

From a letter from Councilor McClendon:

I have taken over the full responsibility for the symposium on the program for military medical preparedness February 1 and 2. I have this morning arranged the major part of the program.

Captain William Chambers, Commanding Officer of the Naval Hospital, has consented to act as chairman under me for the arrangement of the entire program. We have tentatively contacted and arranged for eight speakers representing various branches of the military medical service. Definite topics and assignment of hours will be ready in a few days and I shall send you the complete program at my earliest convenience.

✓ ✓ ✓

In a later communication, Chairman Toomey writes:

The tentative outline of the program of the Committee on Medical Preparedness is herein contained. A definite effort has been made to allocate the work to individuals who are capable of accomplishment. . . .

This committee will meet in early January, and at that time, the members should be able to make a report of their efforts and offer suggestions to the committee as a whole. We should keep in mind that our duty is to prepare for an emergency which would cause a disruption of the usual and normal activities in our community.

✓ ✓ ✓

The tentative list of major topics for the two-day conference, with names of subcommittees who will aid in securing representatives from the medical services of the Army, Navy, and Aviation services, is as follows:

1. SANITATION AND PUBLIC HEALTH: Dr. Alex M. Lesem.

2. BLOOD BANK AND DONORS: Mr. Al Ferm. Development of this department will require considerable effort, but, we believe, that through the coöperation of the veteran organizations, enough volunteers may be procured. The necessity of blood typing and Wassermann checks will require study. The same could be done at the San Diego County Hospital, or by some other publicly supported department.

3. AMBULANCES AND FIRST AID: Procurement of proper first aid locations in various districts and direction of same. Development of first aid "unit groups"—each to act with a given area. Dr. Louis Strahlman.

4. FIRST AID: Procuring and training of workers. Dr. Paul R. Brust.

5. HOSPITALS: Procuring and developing emergency hospital sites; a study of present available hospital facilities; consideration of such areas as Jacumba, Chula Vista, El Cajon, and Escondido. Dr. A. E. Banks, assisted by Dr. F. E. Jacobs.

6. WOMEN AND CHILDREN: Health, housing, evacuation, etc. Dr. S. J. McClendon, director; Dr. Frank Robinson, assistant.

7. COÖRDINATING OFFICER: To act as coördinator of ambulance, first aid, emergency hospitalization activities in order that each unit may function in coöperation with the others. Dr. J. D. Manchester, Captain United States Navy, Medical Corps, retired.

8. EMERGENCY SUPPLIES: Serum, dressings, medications, instruments, etc. Dr. M. C. Harding.

The above divisions have been made in order to attain the greatest amount of results without too much waste of time. Each departmental director is to have charge of his section, but his final action must have the approval of the Committee as a whole.

Your chairman will be more than glad to receive suggestions.

Thank you for your coöperation.

F. E. TOOMEY, M. D.,

General Chairman, Committee on Medical Preparedness, National Defense for San Diego County.

Invitation to attend the conference is extended to every member of the California Medical Association.

As soon as the final arrangements and program are completed, the California Medical Association Committee on Postgraduate Activities will send a letter with complete information to each member of every county medical society in the southern section of the state.

The conferences will be held on Saturday and Sunday, February 1 and 2, beginning at 4 p. m. on Saturday, thus making it possible for colleagues in Los Angeles and other southern counties to arrive at the Hotel Del Coronado in ample time, without interfering with Saturday morning duties in their respective communities.

A letter from Chairman Francis E. Toomey gives a summary of the plans thus far made:

(COPY)

F. E. TOOMEY, M. D.

555 Date Street

San Diego, Calif., December 26, 1940.

Dear Doctor Kress:

I am enclosing for you, the outline of the proposed activities of our Committee on Medical Preparedness. We feel that we are about to get some results here.

Doctor McClendon has been arranging the program for the 1st and 2nd as formerly explained to you. We are trying to divide the work between us in the hopes that we may be able to accomplish a greater amount in a shorter period of time. I have asked him to forward the list of speakers to you at the earliest moment.

The meetings are to be held at Hotel del Coronado beginning at 4 p. m. on the 1st; additional dinner meeting in the evening, and another meeting on the morning of February 2.

Members who wish to attend and desire hotel accommodations, should make reservations as early as possible. If, however, they do not wish to stay at Hotel del Coronado, there should be plenty of room at El Cortez, U. S. Grant, or any of the other hotels within the City of San Diego.

I have invited Governor Culbert L. Olson to appear at the dinner. . . .

Thank you for your attention to the matter in relation to the invitations to the State Association officers. We hope that they will see fit to attend.

Sincerely,

F. E. TOOMEY, M. D.

✓ ✓ ✓

San Diego Two-Day Symposium on Military Medicine Saturday, February 1 and Sunday, February 2

Tentative List of Speakers

This program is being sponsored under the active chairmanship of Captain Chambers, Commanding Officer, U. S. Naval Hospital, who will be aided and supported by Captain John Manchester, U. S. N. (M. C.) Retired; Rear Admiral Blakely, Commandant of the Eleventh Naval District; and Major General Upshur, Commandant of Marine Base.

TENTATIVE LIST OF SPEAKERS

Status of Medical Preparedness in California, by Philip K. Gilman, M. D., San Francisco, Chairman of Council of California Medical Association and Chairman of California Committee on Medical Preparedness.

Greetings from the State Medical Association, by Harry H. Wilson, M.D., President of the California Medical Association.

Selective Service Plans in California, by Lieutenant-Colonel Bert S. Thomas, Chief of the Medical Division, Adjutant General's Department, State of California.

Combined Operations of Naval Medical Department Units with Land and Sea Forces, by Captain William L. Mann, Jr., (M. C.), U. S. M., Post Surgeon, Marine Corps Base. (Motion picture.) Colored film.

The Medical Side of Naval Recruit Training, by Captain Griffith E. Thomas, (M. C.), U. S. N., Senior Medical Officer, Naval Training Station.

Surgery in Modern Warfare, by Captain Frederic L. Conklin, (M. C.), U. S. N., Chief of Surgical Service, Naval Hospital.

The Training of Hospital Corpsmen in the Navy, by Commander Louis H. Roddis, (M. C.), U. S. N., Officer in Charge of Hospital Corps School.

Some Aspects of Aviation Medicine, by Commander Joel J. White, (M. C.), U. S. N., Chief of Medical Service, Naval Hospital.

The Dental Side of Naval Recruit Training, by Commander Eugene L. Walter, (D. C.), U. S. N., Dental Office, Naval Training Station.

Venerereal Diseases and National Defense, by Lieutenant Commander John F. Luten, (M. C.), U. S. N., Chief of Urological Service, Naval Hospital.

* * *

Five-Day Conference at San Jose

On January 6, 7, 8, 9, and 10, the San Jose Hospital Association featured Cyrus L. Sturgis, M. D., Professor of Internal Medicine at the University of Michigan, as this year's guest speaker. Evening meetings were held daily in the San Jose Medico-Dental Building Auditorium.

The program follows:

MONDAY EVENING, JANUARY 6, 8 P. M.

The Nature and Treatment of Hypertension

Observations based on twenty-three years' experience

TUESDAY EVENING, JANUARY 7, 8 P. M.

The Hemorrhagic Diseases

WEDNESDAY EVENING, JANUARY 8

Banquet, 7 P. M.

Silver Room, Hotel Sainte Claire

Ladies Invited

The Menace and Treatment of Obesity

THURSDAY EVENING, JANUARY 9, 8 P. M.

The Macrocytic Anemias and the Anemias of Pregnancy

FRIDAY EVENING, JANUARY 10, 8 P. M.

The Therapeutic Value of Blood Transfusions, Preserved Blood and Blood Substitutes

Guest speakers of previous years were:

1926—William Carpenter McCarty, M. D., Rochester, Minnesota.

1927—James B. Herrick, M. D., Chicago, Illinois.

1929—Edwin H. Place, M. D., Boston, Massachusetts.

1930—Alfred W. Adson, M. D., Rochester, Minnesota.

1931—Clay Ray Murray, M. D., New York City, New York.

1937—Walter Schiller, M. D., Frauen Klinik, Vienna.

COMMITTEE ON PUBLIC HEALTH EDUCATION†

Judging of both the essay contest for high school and junior college students and the motion picture scenario contest, open to anyone in California, sponsored by the Committee on Public Health Education, was started during the past month. The decisions of the judges will be announced when received, through newspaper stories as

† The Committee on Public Health Education was established through Substitute Resolution No. 6 at the Del Monte annual session, May 3, 1939.

The Committee on Public Health Education consists of Frank R. Makinson, chairman, Oakland; Philip K. Gilman, secretary, San Francisco; Samuel Ayres, Jr., Los Angeles; Thomas A. Card, Riverside; Lowell S. Goin, Los Angeles; Junius B. Harris, Sacramento; George H. Rohrbacher, Stockton; Harry H. Wilson (ex officio), Los Angeles. Mr. Ross Marshall is the Public Relations Counsel of the Committee, and may be addressed at 408 South Spring Street, Los Angeles (telephone MUtual 6002), or 244 Kearny Street, San Francisco (telephone YUkon 2212).

well as in the next issue of CALIFORNIA AND WESTERN MEDICINE.

The Committee on Public Health Education approved a resolution that the winner of the essay contest be awarded a trip to the Del Monte convention and be introduced to the delegates on the opening day of the convention.

Distribution of medical literature through pamphlets obtained from the American Medical Association, to students at Claremont, Pomona, and Scripps colleges was found to have been a successful experiment. Based on observation by the college physician during the latter two months of the previous school year and the first two months of this school year, it was found that enough students obtained various pamphlets and read them to justify the moderate cost of supplying the pamphlets. At the same time the experiment indicated which types of pamphlets were most popular with the students as a guide to future activities.

Dr. Samuel Ayres, Jr., was added to the subcommittee in charge of this work, the other members being Doctors Thomas Card of Riverside, Gilbert Coltrin of Claremont College, and Ross Marshall, the Public Relations counsel. Plans are under way to furnish the pamphlets found to be most in demand to other selected college student bodies in California. These pamphlets not only explain the relationship of the doctor of medicine to the life of the college student, but also expose quacks and the fallacies advanced by the so-called exponents of other branches of the healing arts.

During the month an additional fifteen-minute talk on the sulfonamide family was compiled by the Public Relations Counsel and copies were sent to each of the county medical societies' speaking bureaus. Considerable progress was made in the project to have radio stations in California broadcast medical talks supplied by the American Medical Association. The Public Relations Counsel, as part of his work for the California Medical Association, undertook the publicity for the Los Angeles County Medical Society Medical-Dental Exposition to be held at the Shrine Auditorium in Los Angeles during the week of February 2-9, inclusive.

—R. M.

C. M. A. DEPARTMENT OF PUBLIC RELATIONS†

Further progress was made in work on the Basic Science Initiative last month through several informal meetings and considerable correspondence. The measure has now reached a point where a proposed "fifth draft" appears about ready to be reproduced and submitted to the Committee on Public Relations.

At this writing the new proposed draft of the initiative is being studied by members of the Committee on Public Relations and by representatives of the dental profession. A few minor changes in wording have been proposed, and the next major step is the securing of approval of the revised draft by the dentists. With this approval, the Committee on Public Relations will be in position to put its final approval on the measure and to present it in its new form to the California Medical Association Executive Committee for official adoption.

—J. H.

† The complete roster of the Committee on Public Relations is printed on page 2 of the front advertising section of each issue. Dr. Donald Cass of Los Angeles is the chairman, and Mr. John Hunton is the secretary. Component county societies and California Medical Association members are invited to present their problems to the committee. All communications should be sent to the director of the department, Mr. John Hunton, Room 2004, Four Fifty Sutter Street, San Francisco.

CALIFORNIA PHYSICIANS' SERVICE†

Membership

September, 1939	1,220
March, 1940	9,322
September, 1940	17,398
December 29, 1940	20,894

New Groups Enrolled.

Among groups recently enrolled are the following: Acme Fast Freight, Los Angeles; Arco Company of California, Los Angeles; Automobile Club of Southern California, Ventura; Barbara Oil Company, Santa Barbara; Bellevue Hotel Beauty Salon and News Stand, San Francisco; Borton, Petrini, Conron & Borton, Bakersfield; Butler's Chiropody Supply Company, San Francisco; California Tire Company, Santa Barbara; Central Bank, Oakland; Cooper's Inc., Fresno; Coryell's, Santa Barbara; The Credit Bureau of Santa Barbara; Edison School, Oakland; Emerson Junior High School, Los Angeles; Federal Housing Administration, San Francisco; E. Gottschalk & Company, Fresno; Gunn, Carle & Company, San Francisco; Habenicht & Howlett, San Francisco; Flo Haley's Beauty Salon, Los Angeles; Miss Harker's School, Palo Alto; Hill Bros. and Retzer Van and Storage Company, Los Angeles; Henry J. Kaiser Company, Oakland; Lilli Ann Dress Company, San Francisco; Los Feliz Elementary School, Los Angeles; George W. Metlar Company, San Francisco; Morton Salt Company, San Francisco; Neighborhood House, Santa Barbara; Employees of New York Central System, San Francisco; Pacific Metals Company and Pacific Foundry Company, San Francisco; Planters Nut and Chocolate Company, San Francisco; Polytechnic Elementary School, Pasadena; Presidio Open-Air School, San Francisco; Drs. Preston, Betts & Weiss, Visalia; Price, Waterhouse & Company, San Francisco; Roderbeck's Shoes, Santa Barbara; Roos Bros., Fresno and Palo Alto; St. Paul Dye works, Santa Barbara; Santa Barbara County Assessors' Office, Santa Barbara; Sherwin Williams Paint Company, Emeryville; Sonoma County Teachers' Association, Kenwood; City of South Pasadena; Sterling Drug Company, Santa Barbara; Taft Union High School District; Westridge School for Girls, Pasadena; Widney High School, Los Angeles; and Wilhoit's Luggage Shop, Santa Barbara.

Financial.

A review of statistics covering services rendered during the month of September presents the following information.

During September, when there were 17,398 dues-paying beneficiary members throughout the state, 1,401 professional members treated 2,926 cases. The sum of \$19,849.05 was paid to professional members covering 14,703 units of service rendered, at a unit value of \$1.35. The average check per doctor was \$14.17; the average number of units of service rendered per doctor was 10.5. Among the 5,100 professional members in the state, 27.5 per cent participated during September.

Influenza Epidemic.

The volume of cases being treated during the months of November and December has been directly attributable

† Address: California Physicians' Service, 333 Pine Street, San Francisco. Telephone EXbrook 3211. Alson Kilgore, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

to the prevalence of influenza. We have found that from two to three times as many members have received medical care during that two-month period, and indications from our records would confirm the general impression that influenza illnesses have assumed epidemic proportions. Our reports from doctors have frequently shown a condition of fever with leukopenia, indicating that we have been dealing with true influenza. The observations drawn here are, of course, merely surmises from the general run of work in the medical department. Statistics covering this situation will be available at the time bills for the two months are paid.

Board of Trustees—Meetings.

Inaugurating on a trial basis a new plan for holding meetings of the Board of Trustees of California Physicians' Service, the Board will meet on January 5 in Fresno. Invitations have been sent to presidents and secretaries of county medical societies in the area, as well as to administrative members of the California Physicians' Service and deputy medical directors, to attend. It is hoped that by holding meetings at some of the points outside Los Angeles and San Francisco two purposes can be served. The Board may have the opportunity to discuss with a greater number of persons ideas concerning California Physicians' Service, and it will be possible to increase the number who will gain some first-hand information about the plan from the central office group.

COMMITTEE ON INDUSTRIAL PRACTICE

Since the publication in the December issue of CALIFORNIA AND WESTERN MEDICINE (see pages 273-276) of the rule adopted by the Industrial Accident Commission of California on October 16, 1940, and the correspondence relating thereto, a letter dated December 9, 1940, has been received by Council Chairman Philip K. Gilman and signed by W. F. Beem, Chief of the Compensation Bureau of the Industrial Accident Commission:

(COPY)

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
INDUSTRIAL ACCIDENT COMMISSION
STATE BUILDING

San Francisco, December 9, 1940.

Philip K. Gilman, M. D.
California Medical Association
Four Fifty Sutter Street
San Francisco, California

Re: Resolution of October 16, 1940, Affecting Medical Reports.

Dear Doctor Gilman:

We have received so many letters with reference to the Commission's resolution of October 16 that there has been some delay in answering your communication of November 19.

As the Commission did not render a written opinion with its rule, it is somewhat hazardous for a member of the staff to give detailed reasons why certain phases of the rule were worded as they were.

Without stating it to be a fact, I would suggest that various attorneys, in discussing this very problem, had intimated that if the Commission made any endeavor to secure medical reports in advance of the hearing that they would get around it by having the doctors keep the reports in their files without retaining them with the insurance company's records. It at least would seem reasonable that the Commission had no intention of bothering an individual doctor where he had sent his report to the insurance carrier and was not participating in some scheme as suggested above.

The hospital situation is a little bit more complex, but it was deemed reasonable and entirely ethical for the employee to have access to the hospital records involving his

own claim, particularly where it is common practice for the defendant's representative to have *entre*. One of the strange phenomena with reference to this whole subject matter is the number of individuals who will make the contention that this rule has a tendency to break down the confidential relationship between the patient and the physician when, as a matter of fact, all we are trying to do is give the employee access to information that normally would be obtainable by a patient were it not a compensation case.

The Commission has considered the suggestions of many individuals and groups requesting that the rule be modified and so far, the Commission has not indicated that they wish to make any modification of the rule other than the one heretofore announced to the effect that it would not apply to nonlitigated cases.

Viewing the situation from the Commission's position, the insurance carrier can think of so many reasons why the rule would not be complied with unless there is a definite delineation there would be no compliance whatsoever.

Very truly yours,

(Signed) W. F. BEEM,
Chief, Compensation Bureau.

COMMITTEE ON HISTORY†

Yuba-Sutter-Colusa County Medical Society An Historical Sketch

While to many people the medical society of Yuba, Sutter, and Colusa counties is a comparatively new association, it is, in fact, one of the oldest societies in the state, an organization of fifty-five years' standing.

Minutes show that the Society was organized on June 2, 1885, with the objectives of cultivation and advancement of the science of medicine. The first regular meeting of the Society saw the election of Dr. C. E. Stone of Marysville as president; Doctor Magill of Nicolaus, vice-president; and Dr. David Powell of Marysville, secretary-treasurer.

The Constitution and By-Laws were adopted and signed on June 15, 1885, by Doctors C. E. Stone, A. Hamlin, Thomas Dobbins, A. E. Kosby, C. E. Ourend, David Powell, and J. Brown of Marysville, E. J. R. De Turberville of Brownsville and J. Melton of Wheatland.

The next meeting of the Association was held two years later in the Yuba County Courthouse. It was the custom in those early days for local doctors to prepare and read papers before the medical group, many of them of interest to the public. The story of many local physicians is recorded, too, in Society annals, which show that Dr. G. W. Stratton was elected to membership on May 14, 1889, he coming from Wheatland, where he had been practicing.

All meetings were held in the courthouse until November 10, 1891, when the Society convened in the offices of Dr. C. E. and Dr. E. E. Stone.

Dr. G. W. Stratton, vice-president, presided at a meeting on May 10, 1892, when a motion was passed to the effect that druggists of the community should not refill physicians' prescriptions without authorization.

The late Dr. J. H. Barr was elected to membership in the Society on February 13, 1894. At a meeting exactly a year later, Doctor Barr spoke of the customs of the Sioux and other Indian tribes in regard to cases of confinement, the doctor having had experience with Indians in his early manhood.

The turn of the century brought several new physicians to the community and on October 2, 1902, the Society voted to affiliate with the State Medical Society.

At a meeting of November 13, 1905, a communication from the State Medical Society was read, stating there was no local society in Colusa County and suggesting that physicians of that county be invited to join the Yuba and

† The Committee on History of the California Medical Association suggests to other component county units the desirability of compiling historical sketches.

Sutter County Medical Society. This was a long time ago, but only last May, 1940, Colusa County joined Yuba and Sutter counties to form the present Yuba-Sutter-Colusa County Medical Society.

Dr. David Powell and Dr. T. P. Perry on April 20, 1906, reported on a state medical society meeting in San Francisco, saying it was very short on account of an earthquake which occurred while the Society was in session.

At the November 10, 1914, session a fund was started "for the relief of physicians of Belgium, and all members present subscribed."

When the Society met on August 12, 1915, it adopted a resolution in favor of bonds for sanitary improvement by extending sewers from their outlet into Ellis Lake, to beyond Fourteenth Street, and "further, that the present situation is unsightly, unsanitary, and a menace to the health of the city of Marysville." Ellis Lake today is a recreation spot.

There is no record of a meeting from October 24, 1916 to April 12, 1920, due to the war.

The minutes of February 7, 1928, show that the Society moved that a letter be sent to the Marysville mayor and council, suggesting "a medical officer be appointed instead of a veterinarian" as city health officer.

The first record of the Medical Society meeting in Hotel Marysville, now the present meeting place, is April 10, 1928.

Nine physicians pledged \$500 each for stock in a corporation to build a new hospital in Marysville, records of the November 13, 1928, meeting show.

At the meeting of July 2, 1935, a plan was instituted whereby a full-time resident physician would be on duty at the Yuba County Hospital and members of the Medical Society would act as an attending staff.

An important step for public health was taken in December, 1937, when the Society voted for pasteurization of all milk and cream sold in Marysville.

The biggest of recent accomplishments is the sponsoring of a bicounties health unit for Yuba and Sutter counties.

In 1940, by authorization of the House of Delegates of the California Medical Association, Colusa County became identified with the Yuba-Sutter County Medical Society, thus constituting a tri-county component unit of the State Medical Association.

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION†

Los Angeles Health Defense Exposition

Commencing on Sunday, February 2, 1941, and continuing through Sunday, February 9, 1941, in the Shrine Civic Auditorium ballroom in Los Angeles, will be presented the "Los Angeles Health Defense Exposition," sponsored by the Los Angeles County Medical Association. On the letterhead of the Los Angeles Health Defense Exposition is given the list of officers and committeemen under whom this somewhat massive attempt at public health education will be presented.

The Director of the Los Angeles Health Defense Exposition is Mr. G. L. Bowe, who had important responsibilities in the Science Building of the Golden Gate

International Exposition. From Mr. Bowe has been received the statement which appears below:

Building a picture of health. That is the story which the Los Angeles County Medical Association will unfold to the public with the Health Defense Exposition. A picture so graphic in its portrayal, so scientific in its theme and so understandable to the laity, that they will know the truth about medicine and what it can do for them. The motion pictures of intricate surgery will create wonderment over the surgeon's skill, confidence in his ability and acceptance of the necessity of an adequate fee. The authentic story of diet and nutrition will dispel the idea that diet fads do anything but harm. The picture "When Bobby Goes to School" will place mother in a position to cooperate with the pediatrician. While the normal birth movie will take, from the layman's mind, the mystery and wrong conceptions of birth, as well be shown the need for a competent obstetrician.

The fears of an ailing heart will be calmed by a complete explanation of its various diseases and methods of correcting some of them, through surgery and other types of therapy.

From the public's knowledge, the little understood afflictions of the brain will be covered with understandable exhibits on brain surgery, using both pathological specimens and motion pictures of surgery. The Radiology Section have a most dramatic exhibit under way. It will occupy some 400 square feet and the many phases of x-ray therapy and x-ray diagnosis will be shown. Motion pictures will also be used.

That the false claims and erroneous appeals of the anti-vivisectionists may no longer fall upon fertile minds, the story of the manufacturer of biologicals will be told by one of the large biological houses. Thus the horse, the calf and other animals will take their place in the Exposition, so that the layman may understand that in the production of life-saving sera, the animals used receive greater care than as beasts of burden, suppliers of food, or as stray robbers of garbage cans or the hungry, forgotten children's pets.

The human eye will come in for its own in a tremendous exhibit of over 1,200 square feet. Its pathology, therapy and the diagnostic instruments will carry this important message. Imagine the awe of the laymen at seeing what the ophthalmoscope records—or the surprises that may await them when they make their own visual acuity test.

The intricacies of the ear, nose and throat will not be left out of this picture of health. Foreign bodies removed from the throat, the sinuses, the inner ear, the vocal cords and other phases of this specialty will be shown.

Urology, tuberculosis, venereal diseases, home care of the sick, internal medicine will all come in with dramatic exhibits, showing their importance in this great scheme of building a picture of health.

Pathology and bacteriology also will tell their story which will include microscopic slides of living spirochetes, blood transfusions and the nonparent test and the frozen specimen technique.

The schools will have their part in this program. Indications are, now, that they may close on Monday, February 3, so that every school child may have an opportunity to see the exhibits.

On Saturday night, February 1, 1941, from 8 to 10 p. m., there will be a preview for just the doctors and their guests. The public will not be permitted until the following day. Here, then, is an opportunity for the profession to inspect their own show and see, unhampered by the public, the program which it has developed and set forth for lay assimilation.

The exhibit of the Cancer Commission, displayed at the Golden Gate International Exposition, will also have a place in the Exposition.

Members of the Los Angeles County Medical Association will also be interested in learning that a formal preview of the Exposition will be held from 8 to 10 p. m., Saturday, February 1. Only the holders of patrons' season's passes and their guests may attend. These patron's passes may be secured at the County Medical Association offices for \$1 and include admittance to the Exposition every afternoon and evening, from February 2 to 9, inclusive, and including the preview on February 1. City, State and county officials will be included by invitation only. The doors will not be open to the general public until 1 p. m., Sunday, February 2. The presidents of the County Medical and County Dental Associations will deliver short addresses of welcome.

The Los Angeles Health Defense Exposition will provide an opportunity for the medical and dental professions to inspect, unhindered by the general public, the exhibits for

† The article concerning the Los Angeles Health Defense Exposition is placed under the major caption of one of the standing committees of the California Medical Association: Committee on Health and Public Instruction. The exhibits presented in the Los Angeles Health Defense Exposition belong to the activities that come under the jurisdiction of the California Medical Association Committee on Health and Public Instruction.

which they are the sponsors. Holders of patrons' season passes may apply at the office of the County Medical Association for private invitation tickets.

* * *

Problems of the Hard of Hearing

The Eye, Ear, Nose, and Throat Section of the California Medical Association has appointed a Section committee to report on problems of the hard of hearing. Personnel of the Section committee follows: Ray M. Moose, director; Harold D. Smith, secretary. District chairmen: J. Roy Jones, Charles A. Broadus, Doretha Lee, Harold A. Fletcher, George W. Walker, William H. Johnston, Isaac H. Jones, Paul Southgate, Frank A. Burton, Carl M. Hadley. Honorary: Francis L. Rogers and George E. Coleman.

The Director has submitted the following report:

PROBLEMS OF THE HARD OF HEARING

1. *What Are the Problems Confronting the Committee?* There are 16,000,000 hard of hearing people in the United States, 3,000,000 of these being school children. In California 5.3 per cent of the school children are significantly handicapped.

2. *Deafness Is Expensive.* A breadwinner who loses his job because of deafness, unless rehabilitated, may drop himself and family onto the shoulders of the taxpayers. The cost per year of educating a deaf child is estimated to be \$264; the cost of educating a normal child is \$100 per year.

3. *Legislation.* Hearing tests are not compulsory in California, consequently most schools test the hearing in only one or two grades each year. In many schools no hearing tests are made at all.

4. *Finding, Treating and Following-Up the Hard of Hearing Child.* These problems involve hearing tests in the school, sending child to doctor, recording results of treatment. A high percent of deafness in adults could have been prevented in childhood. A uniform system of final reports is needed for statistical purposes.

5. *Dietary Problems.* The total calories in the diet of the average American according to Cowgill of Yale may be roughly divided into two halves: one half contains the natural vitamins, the other half is made up of those foods from which the vitamins and iron have been largely if not entirely removed in the "refining" processes. Such foods are cane sugar and white flour and the innumerable products made from them. The committee feels that a wiser choice of foods would benefit all the organs of a man's body including his ears; that there may be increased resistance to infections including infections that impair the hearing. In this light we are sponsoring a program for public education in nutrition.

6. *Coöperation* with the Pacific Zone of the American Society for the Hard of Hearing, the Committee for Hard of Hearing Children of the Pacific Southwest Area Y. M. C. A., and numerous State and local agencies dealing with these problems is in progress. An idea of this work may be gained from the following announcement concerning a meeting held in the Mission Inn, Riverside, on January 3-4, 1941, and presented under the name, "Social Service Workshop for the Hard of Hearing." Papers and discussions on pertinent subjects were presented by a group of professional and lay workers.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (18)

Kern County (3)

Robert J. Douds, *Bakersfield*
Robert E. Scherb, *Bakersfield*
James G. Ware, *Bakersfield*

Napa County (2)

Robert H. Bossert, *Burbank*
C. Ernest Parrish, *St. Helena*

Sacramento County (2)

James Klinefelter, *Sacramento*
Elcanor B. Rodgers, *Sacramento*

San Francisco County (9)

Giacomo Ancona, *San Francisco*
Osmund George Bates, *San Francisco*
Chester A. Blank, *San Francisco*
Edwin B. Boldery, *San Francisco*
Agnes G. Plate, *San Francisco*
Saxton T. Pope, Jr., *San Francisco*
Erich Pressburger, *San Francisco*
Hugh Rose, Jr., *San Francisco*
Harold F. Unsinger, *San Francisco*

Shasta County (2)

Julius M. Kehoe, *Redding*
Clarence H. Schilt, *Project City*

Transfers (4)

J. Hallam Cope, from Merced County to Alameda County.

John B. McConnell, from Butte-Glenn County to Shasta County.

John C. Siemens, from Sonoma County to Monterey County.

Ruth Tangier Smith, from Santa Clara County to San Mateo County.

Resigned (6)

Jacques P. Gray, from Alameda County.

E. J. Jackemy, from Alameda County.

Julius Lewis, from Alameda County.

Robert Lewis, from Alameda County.

Ann Martin, from Alameda County.

H. G. Mello, from Alameda County.

In Memoriam

Juenemann, George Frederick. Died at Los Angeles, December 10, 1940, age 65. Graduate of George Washington University School of Medicine, Washington, D. C., 1897. Licensed in California in 1923. Doctor Juenemann was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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Leimbach, John Herbert. Died in San Francisco, December 1, 1940, age 63. Graduate of the University of California Medical School, San Francisco, 1902. Licensed in California in 1902. Doctor Leimbach was a member of the Sacramento County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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Nicholson, Joseph. Died in Los Angeles. Graduate of the University of Minnesota Medical School, Minneapolis, 1903. Licensed in California in 1925. Doctor Nicholson was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

+

Ryan, Fred Short. Died at San Jose, December 1, 1940, age 58. Graduate of Northwestern University Medical School, Chicago, 1908. Licensed in California in 1910. Doctor Ryan was a member of the Santa Clara County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

† For roster of officers of component county medical societies, see page 4 in front advertising section.

Tillman, Tilton Edwin. Died at San Francisco, December 5, 1940, age 58. Graduate of Cooper Medical College, San Francisco, 1902. Licensed in California in 1902. Doctor Tillman was a member of the San Francisco County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



OBITUARIES

Fred S. Ryan

1882-1940

Dr. Fred S. Ryan, a past president and present councilor of the Santa Clara County Medical Society, died on December 1, 1940, of coronary occlusion, at the age of 58. Recently appointed to the superintendency of the Santa Clara County Hospital, he was taken on the threshold of greater opportunities to serve his community.

For several years, Fred Ryan knew the hazard that he faced, but he let no fear of what might come affect him nor prevent him from always putting what he believed to be his duty ahead of any consideration for himself. He was always a cheerful, helpful friend, who thought first of others and last of himself. He had known bitter reverses and crushing disappointment, but, like good steel in the tempering, he emerged strengthened by his travail. We knew Fred Ryan as a wise and gentle man and a loyal and understanding friend. He was a brilliant surgeon and, more than that, a true physician, whose name was blessed by his patients and honored by his colleagues.

Fred S. Ryan was born on October 1, 1882, in a small North Dakota town. His B. S. degree was conferred by the University of California in 1903, and his M. D. degree by Northwestern University in 1908. He interned for two years at the Cook County Hospital in Chicago and, in 1911, began practice in San Jose. Doctor Ryan served during the World War as a lieutenant in the medical department of the Army, returning to his practice in San Jose in 1919. He had been a member of the Santa Clara County Medical Society, the California Medical Association, and the American Medical Association since 1911; he was a Fellow of the American College of Surgeons and a member of Phi Beta Pi medical fraternity.

Fred Ryan lived a full life and a good life; his name will be written with those who have served their fellows well.



George F. Juenemann

1875-1940

He was born in Baltimore, Maryland, in 1875, and was graduated from the George Washington University Medical School in 1897. He entered the Army as a contract surgeon in 1898, serving until 1903. He was graduated from the Army Medical School in 1904, when he entered the regular service and served in Mexico under General Pershing.

He made several tours to the Philippine Islands. He knew the Philippine Islands in the early days of American occupancy as very few people learned about them—by actual experience. He commanded the General Hospital at Fort Logan H. Roots and Fort De Moines during the war and was later in charge of the Sternberg General Hospital in Manila. His last Army station was at Fort William, Maine.

He was retired for physical disability in 1922, with rank of colonel, and came to Los Angeles the following year.

Doctor Juenemann possessed fine ability as a diagnostician and was meticulous in the art of therapy. He had a humor which was at all times precious. He was able to bring smiles and cheerfulness to hosts of patients who could

see only the darker side of life. He never failed to be honest with an absent adversary with whom he might be in disagreement.

He was loyal to his work, his friends, and his country to the highest degree. Thousands mourn his loss and extend sincerest sympathy to his widow, son, and daughter.

—J. V. B.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. A. E. ANDERSON.....President
MRS. WILLIAM C. BOECK.....Chairman on Publicity
MRS. KARL O. VON HAGEN..Asst. Chairman on Publicity

Alameda County honored thirty-five new members at the November meeting. Dr. A. D. Davis, guest speaker, discussed *Plastic Surgery*. Mrs. Stanley Truman, Public Health Chairman of the Auxiliary, has completed plans to present speakers on two of a series of radio programs to be sponsored by the Twenty-Eighth District of the California Congress of Parents and Teachers. Approximately \$200 has been added to the Loan Fund for senior medical students as a result of the fashion show and bridge luncheon which was held in October.



Intimate, everyday experiences of a journalist's wife in southern European countries before they were involved in war were related by Mrs. Hugo Templeton Speck of San Francisco to a large audience attending the tea given by the Humboldt County Auxiliary on December 3.



Dr. Willsie Martin, Rector of the Wilshire Crest Presbyterian Church, recommended the revival of the old American custom of the spirit of neighborliness for the sake of democracy, at the November meeting of the Los Angeles group. Dr. Elizabeth Mason Hohl, President of the Los Angeles Physicians' Aid Association, was present to receive a check for \$476.98, proceeds from the election night party given by the Auxiliary in behalf of the Physicians' Aid. December marks the eleventh anniversary of the founding of the Los Angeles Auxiliary. In celebration, Past President Mrs. E. Eric Larson opened her magnificent Fremont Place home to the entire group for a Christmas tea on December 10.



Approximately fifty members of the Santa Clara Auxiliary brought gifts and food for Christmas baskets for the needy to the home of Mrs. George Barry on December 2. A substantial donation was made to assist the Junior Auxiliary to the Ladies of Charity in purchasing a resuscitator for the O'Connor Sanitarium in San Jose.



Mr. Sam Lee spoke to a group of fifty-five members in San Francisco on *Chinese Life and Culture in the West*. Mr. Lee is president of the Chinese Historical Society and gave a scholarly presentation of a subject which dealt with the contributions of his people to the new world, particularly emphasizing the Chinese life and people in California.

†As county Auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Karl O. Von Hagen, Assistant Chairman on Publicity, 2435 Nottingham Avenue, Los Angeles. Address of the Chairman on Publicity: Mrs. William C. Boeck, 712 North Maple Drive, Beverly Hills.

For roster of officers of state and county auxiliaries, see advertising page 6.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings.†

California Medical Association, Hotel Del Monte, Del Monte, California, May 5-8, 1941.

American Medical Association, Cleveland, Ohio, June 2-6, 1941.

American College of Physicians, Statler Hotel, Boston, April 21-25, 1941.

Medical Broadcasts.*

American Medical Association Series of Radio Programs: Every Wednesday, 7:30 p. m., Pacific Time, Over Blue Network.—*Doctors at Work* is the title of the sixth annual series of dramatized radio programs to be presented by the American Medical Association and the National Broadcasting Company.

The series will open on Wednesday, November 13, 1940, and run for thirty consecutive weeks, closing with a broadcast from the American Medical Association meeting at Cleveland on June 3, 1941. The program is scheduled for 10:30 p. m., Eastern standard time (9:30, Central; 8:30, Mountain; 7:30, Pacific time) over the Blue Network, other NBC stations, and Canadian stations.

The programs will dramatize what modern medicine offers the individual in the way of opportunities for better health and the more successful treatment of disease. Incidental to this main theme, the programs will explain the characteristics of the different fields of modern medicine and its specialties.

"Doctors at Work" will be broadcast from scripts by William J. Murphy, NBC script writer and author of many previous American Medical Association and NBC "shows" and other popular radio features. It will be produced under the direction of J. Clinton Stanley, director of "Medicine in the News," last season's successful American Medical Association and NBC health program. Supervision will be by the American Medical Association Bureau of Health Education, directed by Dr. W. W. Bauer.

These programs are broadcast on what is known in radio as a sustaining basis; that is, the time is furnished gratis by the radio network and local stations and no revenue is derived from the programs. Therefore, local stations may or may not take the programs, at their discretion, except those stations which are owned and operated by the National Broadcasting Company.

The programs will dramatize what modern medicine offers the individual in the way of opportunities for better health and the more successful treatment of disease. Incidental to this main theme the programs will explain the characteristics of the different fields of modern medicine and its specialties.

† In the front advertising section of *The Journal of the American Medical Association*, various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

The next programs to be broadcast, together with their dates and their topics, are as follows:

January 1*—Otorhinolaryngologist.
January 8—Your Eyes.
January 12—Best Foot Forward.

Descriptive posters for local distribution may be had gratis from the Bureau of Health Education, American Medical Association, 535 North Dearborn Street, Chicago. Program titles will be announced weekly in *The Journal of the American Medical Association*, and monthly in *Hygeia, the Health Magazine*.

American Medical Association Broadcasts: "Medicine in the News."—The American Medical Association and the National Broadcasting Company have announced "Medicine in the News," on timely topics from medical news of the week. Thursdays, 4:30 p. m., Eastern standard time (1:30 p. m., Pacific standard time), Blue Network, coast to coast. Thirty weeks. Opened on November 2, 1939. Facts, drama, entertainment, music.

Pacific States:

KECA	Los Angeles	KEX	Portland
KFSD	San Diego	KJR	Seattle
KGO	San Francisco	KTMS	Santa Barbara
	KGA	Spokane	

Los Angeles County Medical Association.

The radio broadcast program for the Los Angeles County Medical Association for the month of January is as follows:

Saturday, January 4—KFI, 9:45 a. m., The Road of Health.
Saturday, January 4—KFAC, 10:15 a. m., Your Doctor and You.
Saturday, January 11—KFI, 9:45 a. m., The Road of Health.
Saturday, January 11—KFAC, 10:15 a. m., Your Doctor and You.
Saturday, January 18—KFI, 9:45 a. m., The Road of Health.
Saturday, January 18—KFAC, 10:15 a. m., Your Doctor and You.
Saturday, January 25—KFI, 9:45 a. m., The Road of Health.
Saturday, January 25—KFAC, 10:15 a. m., Your Doctor and You.

Bust of Hippocrates to University of California.—On Friday afternoon, December 6, 1940, at four o'clock, in Toland Hall, University of California Hospital, the Department of Medical History and Bibliography held a short tributary celebration to commemorate the birth of Hippocrates, 400 B. C., at which a bust of the "Father of Medicine" was presented to the Medical School by Dr. Pan S. Codellas and the Greek-American friends of the University of California.

Dr. Langley Porter acted as chairman. The speakers for this occasion were Dr. William Dock and Dr. Frederick Reichert from Stanford, and Dr. Pan S. Codellas, Dr. William J. Kerr, Chauncey D. Leake, Ph. D., Dr. S. P. Lucia, and Dr. J. B. deC. M. Saunders.

Following the celebration, tea was served in the Crummer Room, where an exhibit of Hippocratic literature was on display.

* This program only will be broadcast one hour and a half earlier than the regular scheduled time in order to clear the network for international broadcasts later in the evening.

American Orthopsychiatric Association.—The eighteenth annual meeting of the American Orthopsychiatric Association, 1790 Broadway, New York City, an organization for the study and treatment of behavior and its disorders, will be held at the Hotel Pennsylvania, New York City, on February 20, 21, and 22, 1941. A registration fee will be charged for nonmembers. Preliminary program will be sent on request.

The American Social Hygiene Association.—National Social Hygiene Day, one of America's leading public health events, will be observed for the fifth time on February 5, 1941.

Fifth Social Hygiene Day will be the spearhead of a concerted drive to safeguard men in military and naval training camps and in essential industries from the ravages of venereal disease. The effort this year is aimed at reducing commercialized prostitution to a minimum and keeping syphilis and gonorrhea infection rates as low as possible in army, navy, and defense industrial personnel.

Plans for the annual event include more than five thousand community meetings in all parts of the country and four regional conferences to be held in Philadelphia, St. Louis, New Orleans, and Los Angeles.

Speaking at a recent meeting of social hygiene executives and medical officers in Washington, Dr. Ray Lyman Wilbur, President, American Social Hygiene Association and former Secretary of the Interior, called upon the public and civilian officials to cooperate in making their communities safe from infection.

American Red Cross: Ski Cautions.—Mountain trails; heavy, snow-laden hemlocks; crisp air; flashing colorful jackets; packed snow; and a clear day. Ideal for skiing. And this year, if weather conditions are conducive, anywhere from three to five million persons will seek exhilaration, exercise, and good health in this form of recreation. Its popularity has been growing with tremendous strides each year.

For a while skiing grew so quickly in popularity that safety was unable to keep up with it. Thousands of novices, seeing old-timers skimming down the trails with grace and ease, were minded to do likewise. The result frequently was a wicked spill with occasional injuries of more or less serious nature.

Fatigue has been found a large contributing factor in accidents. As the skier tires, inattention comes on. He may not see slight irregularities of trail or slope. At the same time, the failing visibility of late afternoon makes it harder to pick a safe course. Sudden changes of temperature and weather may completely alter the safety of a trail. As the sun slips behind the mountain, snow hardens rapidly and may become crusted. Hard-packed trails become icy with use and where, an hour before, a turn might be made easily, the skier may now skid into the woods at tremendous speed.

The following rules if carefully followed will enable the skier, whether novice or old-timer, to avoid many an accident:

Don't start down a steep slope unless you know how to slow down or stop.

Wear goggles if out for any length of time. Snow blindness may be extremely painful and serious.

Stay well to the side of the trail when climbing, and avoid getting in the way of others coming down.

Slow down when rounding blind turns.

Travel in groups and stay together, especially on the higher slopes.

Observe snow conditions and watch for changes, especially in the late afternoon after a comparatively warm day.

Bear in mind that, even though a ski accident may be slight, injuries are aggravated by cold weather, and the distance from medical care is generally great.

Pan-American Congress of Ophthalmology.—Pan-American relationships took another step forward in the field of medicine when the Pan-American Congress of Ophthalmology was organized on a permanent basis at the meeting of the first congress in Cleveland, October 11-12, under the auspices of the American Academy of Ophthalmology and Otolaryngology, 1500 Medical Arts Building, Omaha, Nebraska.

Montevideo was tentatively selected as the place of the next meeting, to be held in 1943.

Eighteen delegates, representing governments, universities, hospitals, and medical societies in Brazil, Chile, Costa Rica, Cuba, Colombia, Guatemala, Panama, and Puerto Rico were present in Cleveland. An extensive program of scientific papers was presented, about equally divided between English on the one hand and Spanish and Portuguese on the other. English papers were discussed by Latin-American speakers; those in Spanish or Portuguese, by the English-speaking physicians.

The language difficulty was overcome successfully by the use of slides. Extensive summaries of the papers were projected on the slides in Spanish or Portuguese for the English ones, or in English for those given in the other languages.

Department of Health, City of Los Angeles: Bulletin Regarding Sulfathiazole.—A recent bulletin follows:

A study of more than six hundred cases of gonorrhea in the male, treated with sulfathiazole, demonstrates *Sulfathiazole* as the drug of choice in the sulfonamide family of chemotherapeutic agents. Sulfathiazole shows a very high therapeutic efficiency (79 per cent) and yields a minimum of annoying side reactions (3 per cent) and toxic manifestations.

Sulfapyridine, a drug of equal or slightly greater effectiveness, is handicapped by the high proportion of disturbing gastro-intestinal symptoms.

Sulfanilamide, is not only appreciably less effective than the preceding drugs, but its administration is attended by frequent minor side reactions and serious toxic manifestations.

None of the sulfonamides eliminate the necessity of thorough examinations and intelligent diagnoses—for failures can be reduced to a minimum only by recognition of the location of suppurative foci—and then reduction by appropriate local therapy.

Excellent responses (80 per cent) were obtained by the use of 23 grams of sulfathiazole over a period of six and one-half days. This period may be extended for more stubborn cases; in our series nine days was the average period.

Dosage.—Sulfathiazole is started with two tablets (one gram) four times daily for two to four days, and then dropped to two tablets three times daily for the remaining portion of the usual seven- to ten-day period. If the discharge and shreds have entirely cleared, we consider the course ended. If a slight discharge or shreds persist even with negative smears, or if, at the onset, there were any complicating suppurative areas, such as peri-urethral abscesses, prostatitis, etc., the medication is continued on a maintenance dose of two to three grams daily while the indicated local measures are being taken for their eradication.

Local Therapy.—Reasoning by analogy from the experience with other sulfonamide drugs, local therapy increases the per cent of cure even of infections limited to the anterior urethra. Low pressure permanganate irrigations are used with optional silver proteinate instillations at home. Anteroposterior infections, particularly if the prostate, by palpation, indicates any degree of suppuration, are given through and through (posterior) irrigations and prostatic massage.

Sulfathiazole prevents local or metastatic extension by this supposedly radical procedure and diminishes the number of recurrences.

The patient should be seen at frequent intervals, observed carefully and must not be dismissed as cured until adequate tests of cure have been performed.

Cultures of the prostatic fluid and urethral strippings should be included in these tests before dismissal of the patient. This test offers the most reliable index to the asymptomatic carrier. In our series, 20 per cent of these cases were found to harbor gonococci.

Transparent Woman Exhibit.—After visiting cities from coast to coast on its public health educational tour during the past four years, where it was exhibited before important medical groups and to the laity under the sponsorship of various medical societies and academies of medicine, the Transparent Woman exhibit, sponsored by S. H. Camp & Company, was donated to the Medical Section of the Museum of Science and Industry, Chicago.

It is estimated that approximately eight million persons, including many thousands of physicians, viewed the exhibit on its tour of the nation.

American College of Surgeons.—The American College of Surgeons, founded by surgeons of the United States and Canada in 1913, with headquarters at 40 East Erie Street, Chicago, has issued the following analysis of work of the Credentials Committees for 1940:

611 Admitted to Fellowship on October 21, 1940

592 from United States and United States Possessions; 6 from Canada; 13 from other countries.

1,301 Applicants Interviewed by Committees on Applicants

946 applicants for fellowship

355 applicants for the junior candidate group

1,536 Applications for Fellowship Presented to the Credentials Committees

The above figures include fifteen applications considered by the Central Credentials Committee from countries having no local committees.

688 (45 per cent) recommended for fellowship (683 with examination, five without examination); 605 (39 per cent) postponed; 243 (16 per cent) not recommended.

1,105 Applications for the Junior Candidate Group Considered by the Credentials Committees

The above figure includes all applications for the junior candidate group. The applications for the junior candidate group are submitted annually to the respective state and provincial Credentials Committee.

670 Sets of Records Submitted

664 sets of records reviewed (605 accepted, 50 not accepted); 6 not reviewed.

Third Annual Congress on Industrial Health.—The third annual session, sponsored by the Council on Industrial Health of the American Medical Association, will be held in the Palmer House, Chicago, on January 13, and 14, 1941. For further information, address American Medical Association Council on Industrial Health, 535 North Dearborn, Chicago, or Robert T. Legge, M. D., Berkeley.

MONDAY MORNING, 9:00

Registration. No Fee. Red Lacquer Room

MONDAY MORNING, 9:45

Red Lacquer Room

Stanley J. Seeger, M. D., Presiding

Report of the Council on Industrial Health—Stanley J. Seeger, M. D., Chairman, Milwaukee.

The Physician in Industry and National Defense—Irvin Abell, M. D., Chairman, Health and Medical Committee of the Council of National Defense, Louisville, Kentucky.

Current Needs in Industrial Hygiene Research—Philip Drinker, Professor of Industrial Hygiene, Harvard University, Boston.

The Special Nature of Industrial Practice—C. O. Sappington, M. D., Dr. P. H., Industrial Hygiene Consultant, Chicago.

Disability Evaluation in Silicosis—J. L. Blaisdell, M. D., Porcupine Clinic for Silicosis Research, St. Mary's Hospital, Timmins, Ontario.

MONDAY AFTERNOON, 2:00

Red Lacquer Room

Clarence D. Selby, M. D., Presiding

Hand Injuries

Anatomic Diagnosis of Injuries of the Hand—James M. Winfield, M. D., Associate Professor of Surgery, Wayne University College of Medicine, Detroit.

Treatment of Superficial Hand Injuries and Burns—Harvey S. Allen, M. D., Clinical Assistant in Surgery, Northwestern University Medical School, Chicago.

Division of the Nerves and Tendons of the Hand—Michael L. Mason, M. D., Associate Professor of Surgery, Northwestern University Medical School, Chicago.

Importance of Purposeful Splinting Following Injuries of the Hand—Henry C. Marble, M. D., Boston.
Prevention and Treatment of Hand Infections—Sumner L. Koch, M. D., Associate Professor of Surgery, Northwestern University Medical School, Chicago.

MONDAY AFTERNOON, 2:30

Crystal Room

Leverett D. Bristol, M. D., Presiding

Availability of Trained Industrial Health Personnel

The Industrial Nurse—Ruth Houlton, R. N., Secretary, Industrial Nursing Section, National Organization for Public Health Nursing, New York City.

The Industrial Hygiene Engineer—Warren A. Cook, President, American Industrial Hygiene Association, Chicago.
The Safety Engineer—W. H. Cameron, Managing Director, National Safety Council, Inc., Chicago.

The Medical Industrial Hygienist—Paul A. Neal, M. D., Chief of the Division of Industrial Hygiene, National Institute of Health, United States Public Health Service, Bethesda, Maryland.

The Physician in Industry—Robert T. Legge, M. D., University of California, Berkeley, California.

MONDAY EVENING, 6:30

Crystal Room

An informal dinner and round-table discussion, intended primarily for State and County Medical Society Committees on Industrial Health, will be held. The subject matter for discussion will include problems of organization and plans for future activity.

TUESDAY MORNING, 9:30

Red Lacquer Room

Henry H. Kessler, M. D., Presiding

Employment of the Physically Handicapped—D. L. Lynch, M. D., President, American Association of Industrial Physicians and Surgeons, Boston.

Aging as a Problem of Industrial Health—Edward J. Stieglitz, M. D., Research Associate in Gerontology, National Institute of Health, United States Public Health Service, Bethesda, Maryland.

Acute Respiratory Disease in Industry

Incidence and Costs of Acute Respiratory Disease in Industry—Anthony J. Lanza, M. D., Assistant Medical Director, Metropolitan Life Insurance Company, New York City.

Respiratory Disease and Air Conditioning—Carey P. McCord, M. D., Chairman, Committee on Air Conditioning of the American Medical Association, Detroit.

The Role of the Physician in Industry in the Control of Acute Respiratory Disease—George M. Piersol, M. D., Philadelphia.

TUESDAY AFTERNOON, 2:00

Red Lacquer Room

Harvey Bartle, M. D., Presiding

Industrial Ophthalmology

Economic Importance of Visual Disability in Industry—Leonard Greenburg, M. D., Chairman, Industrial Advisory Committee of the National Society for the Prevention of Blindness, New York City.

Essentials of First Aid and Later Management of Industrial Eye Injuries—Sydney Walker, Jr., M. D., Chicago; Hanford L. Auten, M. D., Chicago.

Detection and Control of Defective Vision in Industry—Arthur M. Culler, M. D., Dayton, Ohio.

Protective Equipment for Eyes in Industry—Thomas D. Allen, M. D., Associate Clinical Professor of Ophthalmology at Rush Medical College, Chicago; Henry F. Carman, M. D., San Francisco.

WEDNESDAY, JANUARY 15

Clinics and Demonstrations in Industrial Medicine, Hygiene, and Traumatic Surgery

Arranged by

The Chicago Medical Society
Carnegie-Illinois Steel Corporation
South Chicago, Illinois, and Gary, Indiana
Dr. Philip Kreuscher and Associates

Clinic and demonstration available to a limited number of physicians and surgeons interested in care of the injured.

Treatment of Fresh Wounds.

Treatment of Burns. (Motion Picture.)

Fracture Management.

Prevention and Management of Heat Sickness.

Prevention and Treatment of Carbon Monoxide Poisoning.

Demonstration and Discussion of Safety Methods.
Plant Inspection.

10 a. m. *Clinic and Symposium on Industrial Dermatitis* Francis E. Seneor, M. D., Presiding

Criteria for diagnosis, diagnostic techniques and demonstration of patients arranged with the assistance of the Joint Committee on Industrial Dermatoses of the Section on Dermatology and Syphilology of the American Medical Association, and of the American Dermatological Association.

2 p. m. *Symposium on Occupational Diseases*

Lloyd L. Arnold, M. D., Presiding

The Industrial Hygiene Survey. An outline of tested procedure to detect and evaluate industrial health exposures, adaptable to both large and small plants.

K. M. Morse, Industrial Hygienist, Illinois State Department of Public Health, Chicago.

Principles of Control Over Industrial Health Exposures. A description of progressive steps necessary to control industrial health exposures.

Donald E. Cummings, Director, Division of Industrial Hygiene, University of Colorado School of Medicine and Hospitals, Denver.

Pitfalls in Occupational Disease Diagnosis. A discussion of ways in which occupational intoxications simulate other diseases, with emphasis on differential diagnosis.

M. H. Kronenberg, M. D., Chief of Division of Industrial Hygiene, Illinois State Department of Public Health, Chicago.

Occupational Disease Testimony. Instruction for the physician in effective presentation of medical testimony on occupational diseases before workmen's compensation administrators.

James J. McKenna, Chicago.

At convenient times during the day there will be demonstrations of laboratory and field equipment used to detect and evaluate industrial health exposures. These demonstrations are arranged by the Division of Industrial Hygiene of the Illinois State Department of Public Health.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Second California Draft Call Issued

Quotas Expected Thursday With Inductions for 6,231 Conscripts to Start on January 20

Sacramento, December 23 (AP).—Adjutant-General R. E. Mittelstaedt, Director of Selective Service, today announced the receipt of California's second draft call, requesting 6,231 conscripts for compulsory military training.

The second phase of the conscription program will become effective on January 20.

Draft officials immediately began setting up quotas for the State's 284 draft boards and expect to have them ready by Thursday.

Under the new call, the men will be inducted as follows: January 20, 519 men; January 21, 519; January 22, 522; January 23, 522; January 24, 245; January 25, 245; January 27, 530; January 28, 530; January 29, 530; January 30, 530; January 31, 530; February 1, 530; February 3, 479.

The men will report to induction stations in Sacramento, San Francisco, and Los Angeles.

The Army has requested 38,017 conscripts from California by June 30. Captain Kenneth Leitch, Assistant Director of Selective Service, said he expects more calls in January, with the greatest demands being made in February and March.—*Los Angeles Times*, December 24, 1940.

High Court to Rule on Indigent Act

Washington, Dec. 16 (UP).—The U. S. Supreme Court agreed today to determine the constitutionality of a California law making it a misdemeanor to assist in bringing an indigent person into the State.

The test case arose in Marysville, where Fred F. Edwards was sentenced to six months in jail on charges of bringing his brother-in-law, Frank Duncan, from Spur, Texas, to California a year ago.

Edwards admitted Duncan was jobless when he arrived and lived at the Edwards home until he was given assistance by the Federal Farm Security Administration.

State courts upheld the act and Edwards' conviction, and the Marysville man appealed to the Supreme Court on grounds that every citizen of the United States has a constitutional right to freedom of movement into any state he sees fit.

He held further that the California act was an attempt to regulate a form of interstate commerce, thus invading a field reserved by the Constitution to the Federal Government. . . .—*San Francisco News*, December 16.

New Migrant Inquiry Set

Washington, Dec. 17 (UP).—The House Committee investigating migrant worker problems plans to recommend

extension of New Deal social legislation to "industrialized" farmers, it was learned today.

The recommendations involve application of the Wage-Hour Act, the National Labor Relations Act and the Social Security Act to laborers employed by large, industrial farming enterprises. They also suggest limitations of AAA payments to such farms.

The committee's report, Chairman John H. Tolan (D., Calif.) said, will be based on a summary of the chief recommendations made by the 250 witnesses who testified. It will not be formally presented to Congress until after the first of the year.

The summary is being prepared by Dr. Robert K. Lamb, chief investigator for the committee.—*San Francisco News*, December 17.

* * *

Medical Examiners Decide to Conform to Rules of Court

Dr. Clark L. Abbott of Oakland yesterday was elected president of the State Board of Medical Examiners at a meeting in the State Building. He succeeds Dr. William R. Molony, Sr., whose term expired last January.

Dr. George Thomason of Los Angeles will fill Doctor Abbott's former post of vice-president, and Dr. Charles B. Pinkham, veteran secretary-treasurer of the board, was returned to his office by the vote.

As a result of opinions lost by the board in the courts, it was decided that more thorough investigations will be conducted in the future with a view of compiling all evidence in a manner acceptable to trial judges.

Such a policy, however, will not impair the fairness of inquiries or board hearings, it was pointed out.—*Los Angeles Times*, December 7.

* * *

A. M. A. Will Issue War-Medicine Publication

Chicago, Dec. 12 (INS).—A new publication, War Medicine, will be issued by the American Medical Association as a part of the association's contribution to America's preparedness program, it was announced in the association's journal today.

Colonel C. C. Hillman, Commander Charles S. Stephenson and Dr. R. R. Spencer were named to represent the Army, Navy and P. S. public health service.—*San Francisco Call-Bulletin*, December 12.

* * *

Child Health Aid Will Be Started

State to Initiate New Program in Counties

Medical care will be extended to children suffering from rheumatic fever and heart disease in two California counties through the crippled children's services of the State Department of Public Health, Dr. Bertram P. Brown, state health director, announced yesterday.

California is one of the first states to initiate this new service supported by social security funds administered by the United States Children's Bureau. The California program will start the first of the year in Contra Costa and Yolo counties.

The program will be conducted along the lines of the established services to other crippled children. Anyone under 21 years of age will be eligible for diagnosis. Patients whose parents can afford to pay for care will be placed under the treatment of a private physician.

The state will provide care of other children suffering from rheumatic fever or heart disease. When necessary, hospitalization and convalescent care will be given.—*San Francisco Examiner*, December 17, 1940.

* * *

Parents Lose Arm Battle

Sacramento juvenile court gave 14-year-old Kenneth Northrup of Brighton a new chance yesterday—a chance that may make his broken right arm whole again.

Presiding Judge Peter J. Shields took Kenneth away from his parents, Mr. and Mrs. Martin Northrup, made the boy a ward of the court, and ordered Probation Officer C. E. Wilson to take him to Sacramento County Hospital for medical treatment that will require six weeks.

Kenneth broke his arm eighteen months ago, but his parents, members of the Church of the First Born, refused him medical attention on the grounds it was against their religious beliefs and on the grounds Kenneth would be healed by the Supreme Being. Meanwhile, the broken bones began to decay.

The boy and his parents were brought into court by a petition filed by J. Francis O'Shea, chief deputy district attorney.—*Sacramento Union*, December 6, 1940.

* * *

Medical Corps Said Denied Recognition

Chicago, December 7 (UP).—The *Journal of the American Medical Association* today criticized the government for its failure to honor members of the navy medical corps who assisted in life-saving operations in the disaster of the submarine *Squalus* in 1939.

In an editorial, "Life-Saving Service Without Recognition," the current issue of *The Journal* said success of the salvage work on the submarine was made possible

largely because of "some extraordinary" scientific investigations by members of the U. S. navy medical corps in 1932 and that the medical personnel who took part in the salvage, except for two pharmacists' mates, were not given recognition.—San Bernardino Sun, December 8, 1940.

* * *

Lunacy Board Appointment

Dr. Harold E. Fraser, personal physician to the late Governor James Rolph, Jr., was the choice today of superior court judges to the city's Lunacy Commission. Doctor Fraser succeeds the late Dr. Tilton E. Tillman.—San Francisco Call-Bulletin, December 17, 1940.

* * *

Coördination of Agencies Suggested

Stephenson Conducts First Departmental Meeting in History

The first department-wide meeting in the eleven-year history of the State Department of Professional and Vocational Standards this week produced suggestions that may lead to an extensive program of streamlining and elimination of waste effort, Director Dwight W. Stephenson announced yesterday. . . .

Another money-saving suggestion made was to establish referees for each board. As it is now, when, say the medical boards want to hold a hearing on a disciplinary matter, the majority of the board must sit—at per diem expense to the state, of course.

If referees were available many of the matters could be settled with just that one man sitting.

A sliding-scale on license fees for all boards was another proposition. . . .

Every board is self-sustaining by law, and funds from one board cannot be transferred to another. Stephenson does not recommend any change in this set-up—he only wants a graduating scale put in . . .

All of these changes will require legislative action.

The sixteen boards in the department govern the following vocations and professions:

Accountants, architects, barbers, chiropractors, contractors, dentists, doctors, engineers, funeral directors, nurses, optometrists, osteopaths, pharmacists, ship brokers, veterinarians and contractors.—Sacramento Union, November 29, 1940.

LETTERS

Concerning Change of Name: Insurance Association of Approved Hospitals.

Oakland, California,
November 12, 1940.

To the Editor:—This is to notify you that the Insurance Association of Approved Hospitals will henceforth be known as *Hospital Service of California*, and the new address will be 364 Fourteenth Street, Oakland.

Very truly yours,

BYRON F. ASHTON, *Manager*.

Concerning Meeting of American College of Surgeons.

(COPY)

AMERICAN COLLEGE OF SURGEONS
FOUNDED BY SURGEONS OF THE UNITED STATES
AND CANADA, 1913

Chicago, December 17, 1940.

To the Editor:—Will you kindly insert in your notices of coming events the following sectional meetings of the American College of Surgeons. Program details will be sent you later covering the meeting in your area. . . .

March 26–28, Salt Lake City, Hotel Utah. Participating states: Oregon, Washington, California, Nevada, Idaho, Wyoming, New Mexico, Arizona, Colorado, Montana, and Utah.

Hospital conferences will be held in connection with each of these meetings. Fellows of the College, members of the medical profession at large, and persons interested in the institutional care of the sick and injured, are invited to the sectional meetings; on the final evening of each meeting, a meeting on health conservation, to which the public is invited will be held.

40 East Erie Street.

(Signed) AMERICAN COLLEGE OF SURGEONS.

Concerning Two Letters of Appreciation.

(COPY)

CALIFORNIA TUBERCULOSIS ASSOCIATION

San Francisco, California,
December 16, 1940.

To the Editor:—Many thanks to you for carrying the article "Tuberculosis and Racial Groups" in the December issue of CALIFORNIA AND WESTERN MEDICINE. It is very helpful to us to have such an article in the JOURNAL at this time, since the awareness of physicians of our Christmas Seal sale is an important factor in the success of the campaign.

45 Second Street.

With kindest regards, I am

Sincerely yours,

W. F. HIGBY,
Executive Secretary.

(COPY)

AMERICAN RED CROSS

FOUNDED 1881 UNDER THE TREATY OF GENEVA

Washington, D. C.,
December 2, 1940.

To the Editor:—The national officers of the American Red Cross are truly appreciative of the splendid coöperation given through the columns of your publication in our annual membership campaign. Your generous aid in thus reaching a wider circle of readers has been particularly important because of the heavy responsibilities devolving upon our organization as a result of our national defense program.

Again let me express our deep appreciation for your coöperation.

Sincerely yours,

G. STEWART BROWN,
*National Director,
Public Information Service.*

Concerning a Lecturer (C. A. de Vere) on "Anatomy of the Head and Neck."

STATE OF CALIFORNIA

DEPARTMENT OF

PROFESSIONAL AND VOCATIONAL STANDARDS

BOARD OF MEDICAL EXAMINERS

Sacramento, California,
December 28, 1940.

George H. Kress, M. D., Editor,
San Francisco, California.

Re: "Dr." C. Augustus de Vere.

Dear Doctor Kress:

Reports have come to us from various sections of the state that an individual who signs his name C. Augustus de Vere, claiming to be "Director of Anatomy, Division of Educational Courses," New York is giving lecture courses (for a fee) on the "anatomy of the head and neck." One of our correspondents related, "I did not complete the course. After hearing him talk, I was quite certain he was no authority on anatomy."

Your files should show a letter signed A. E. Anderson, M. D., on the letterhead of the California Medical Association dated June 14, 1939, re this individual; also copy of a letter addressed to G. H. Kress, M. D., Secretary, California Medical Association, dated Los Angeles, June 12, 1939, signed George D. Maner, M. D.; also your letter to Doctor Anderson, Fresno, California, dated June 14, 1939, and your letter to George D. Maner, M. D., dated June 13, 1939.

Dr. H. Verrill Findlay reported on November 7, 1940, that he had communicated with the American Medical As-

sociation and "they have replied they have no record of any such person having a medical degree."

Under date of July 1, 1939, Harold Rypins, M. D., Secretary of the New York Board of Medical Examiners, wrote:

"In reply to your letter of June 20, I beg to advise you that the records of this department fail to show that C. Augustus de Vere was ever licensed or registered to practice medicine in New York State, nor have we any information concerning him. I should be very glad to see a copy of his letterhead bearing 'Department of Education of New York.'"

It has been suggested that a news item published in CALIFORNIA AND WESTERN MEDICINE might curtail de Vere's activities.

Very truly yours,

C. B. PINKHAM, M. D.,
Secretary-Treasurer.

Concerning Opportunities for Refugee Physicians.

(COPY)

AUSTRALIAN ASSOCIATED PRESS

New York, December 16, 1940.

The Editor,
California and Western Medicine,
450 Sutter Street,
San Francisco, California.

Dear Sir:

Enclosed is a copy of a cable message received from Australia. It is forwarded in the belief that it may be of interest to you for publication.

229 West Forty-third Street.

Yours sincerely,

DAVID W. BAILEY,
American Representative.

Perth, West Australia, December 12.—The West Australian Parliament has passed a bill permitting alien refugee doctors to practice in country districts. The Executive Council is empowered to proclaim an area to be inadequately supplied with medical services as one for which regional registration may be granted adequately qualified alien doctors.

A hospital may also be declared an area for regional registration, and the registration confined to the hospital. The alien has the right of appeal against the Medical Board's refusal to register, and after holding registration for seven years for a regional area he may be registered throughout the State.

Sixteen country centres in West Australia are without doctors owing to enlistments in the army. New South Wales, Queensland, and South Australia permit registration of alien doctors who have completed a shortened course at an Australian University, but Victoria does not.

Concerning Physicians and Dentists' Symphony Orchestra in San Francisco.

(COPY)

San Francisco, California,
December 3, 1940.

Dear Doctor:

To meet a growing demand, there has been recently formed a symphony orchestra among members of the medical and dental professions under the direction of Mr. Walter Herbert, a prominent conductor. Doctors' orchestras have already been successfully established in New York, Boston, Philadelphia, and Cleveland.

The aim of this group is to give the members an opportunity to play their instruments and to become familiar with orchestral music, thus spending some hours of relaxation and pleasure. The rehearsals are held every week at the County Medical Society building on Washington Street. Mr. Herbert hopes to hold performances later, to which the doctors may invite their families and friends, thereby creating a form of entertainment which will be of value and pleasure to many. . . .

We are, therefore, soliciting those doctors and dentists who are not active members, trusting that they will be willing to give their support to this new organization. For any amount which you care to contribute, we shall be very grateful.

Please send checks to Dr. Ronald R. Pratt, 516 Sutter Street, San Francisco.

Yours very sincerely,

MRS. HANS BARKAN
MRS. ROBERT ALEXANDER

Concerning County Health Officers: Opinion of Attorney General of California.

(COPY)

STATE OF CALIFORNIA

DEPARTMENT OF

PROFESSIONAL AND VOCATIONAL STANDARDS

BOARD OF MEDICAL EXAMINERS

Sacramento, California,

December 13, 1940.

Re: County Health Officers.

To the Editor:—Enclosed please find a copy of Opinion 10070 rendered by the Attorney General July 19, 1935, which deals with unlicensed medical men serving as county health officers in this state.

Very truly yours,

C. B. PINKHAM, M. D.,
Secretary-Treasurer.

(COPY)

STATE OF CALIFORNIA

LEGAL DEPARTMENT

San Francisco, July 19, 1935.

Charles B. Pinkham, M. D.

Secretary-Treasurer

Board of Medical Examiners

420 State Office Building

Sacramento, California

Dear Sir:

In your communication of January 25, 1935, you ask whether a graduate of a reputable medical college who holds no form of license entitling him to practice any system of the healing art in the State of California may:

1. Accept official appointment as a salaried county health officer;
2. Give inoculations or in any way treat any ailment of the human system if so appointed;
3. Prescribe for occupants of camps for the unemployed;
4. Collect fees for such service from either the individual, county, state, or federal government.

In reply thereto permit me to state that Section 4225 of the Political Code provides that a county health officer "shall be a graduate of a medical college of good standing and repute." It does not require that such county health officer be licensed to practice medicine in this state. This requires an answer to your first question in the affirmative.

If such an unlicensed medical graduate undertook to give inoculations or in any way treat any ailment of the human system he would be violating Section 8 of the State Medical Practice Act, which permits licensed persons "to use drugs or what are known as medicinal preparations in or upon human beings and to use any and all other methods in the treatment of disease . . . or other physical or mental conditions." There would likewise be a violation of Section 17 of said Act in that such a person would be practicing or attempting to practice a system or mode of treating the sick or afflicted. This conclusion is in accordance with that reached in our opinion No. 10003, rendered to you under date of June 17, 1935, holding that the giving of inoculations constitutes the practice of medicine.

Your third question is answered in the negative. An unlicensed medical graduate is violating the sections last above referred to if he prescribes for anyone in the State of California.

The answer to your fourth question must likewise be in the negative, as an unlicensed person is not legally entitled to collect a fee from anyone for medical services.

Very truly yours,

U. S. WEBB, Attorney General.

By (Signed) LIONEL BROWNE, Deputy.

Concerning Essay Contest on Medical Subject.

(COPY)

MISSISSIPPI VALLEY MEDICAL SOCIETY

November 27, 1940.

To the Editor:—We will be grateful for any publicity you may give in your publication to the Mississippi Valley Medical Society's Annual Essay Contest, notice of which is enclosed.

Sincerely,

MISSISSIPPI VALLEY MEDICAL SOCIETY.

Harold Swanberg, M. D., Secretary.

1 1 1

Mississippi Valley Medical Society 1941 Essay Contest

The Mississippi Valley Medical Society offers annually a cash prize of \$100, a gold medal, and a certificate of award for the best unpublished essay on any subject of general medical interest (including medical economics) and of practical value to the general practitioner of medicine. Certificates of merit may also be granted to the physicians whose essays are rated second and third best. Contestants must be members of the American Medical Association who are residents of the United States. The winner will be invited to present his contribution before the next annual meeting of the Mississippi Valley Medical Society at Cedar Rapids, Iowa, October 1, 2, 3, 1941, the Society reserving the exclusive right to first publish the essay in its official publication. All contributions shall not exceed five thousand words, be typewritten in English in manuscript form, submitted in five copies, and must be received not later than May 1, 1941. Further details may be secured from Harold Swanberg, M. D., Secretary, Mississippi Valley Medical Society, 209-224 W. C. U. Building, Quincy, Illinois.

Concerning "Political Medicine" in Lieu of "Socialized Medicine."

Milwaukee, December 12, 1940.

To the Editor:—I suggest substituting the term "Political Medicine" for the terms "Federal," "State," or "Socialized Medicine," henceforth in all medical papers, speeches, and all publicity pertaining in any way to this subject. It will throw the issue squarely into the laps of the politicians, where it belongs and where it originated. It may not prove so easy for the politicians to explain to the public just why it should be necessary to force politics between the "patient and his physician."

Also, the use of the term "political medicine" is a clear and simple explanation to those persons who are "in the dark" as to the true meaning of "socialized medicine."

Very truly,

JOHN W. HANSEN, M. D.

MEDICAL JURISPRUDENCE†

By HARTLEY F. PEART, ESQ.
San Francisco

A California Court Again Holds That Mere Occurrence of Injury Does Not Establish Malpractice

For many years the decisions of the California courts had a tendency to apply to malpractice actions the rule of evidence, often referred to as "res ipsa loquitur" (the thing speaks for itself). This rule is to the effect that the mere occurrence of an injury when the thing which causes the injury is shown to be under the management of the defendant and the injury is such as in the ordinary course of things does not happen so long as those having the management use proper care, affords reasonable evidence, in

the absence of proper explanation by the defendant, that the injury arose from a want of care. Thus it had been held that the mere occurrence of an x-ray burn or an injury due to the failure to remove a sponge was of itself sufficient to raise a presumption of negligence. However, in *Engelking vs. Carlson*, decided in March, 1939 (commented upon in the medical jurisprudence article in the July, 1939, issue of CALIFORNIA AND WESTERN MEDICINE at page 66), the court abandoned its prior position and held that the mere discovery after an operation upon a plaintiff's knee that the external peroneal nerve had been severed, was not sufficient to establish negligence on the part of the physician without some actual evidence of carelessness during the operation.

In a very recent decision, *Guilliams vs. Hollywood Hospital, etc.*, 102 Cal. App. Dec. 565, the rule expressed in the Engelking decision was reiterated and extended to instances in which a hospital, as well as a physician, was defendant. In that case plaintiff's complaint alleged that he entered the defendant hospital as a patient for an operation on the right kidney; that some time after his admission, his second floater rib on the left side was broken as a result of defendant's negligence; that plaintiff did not know how such break actually occurred, whether it was before, during or after the operation. Some six weeks after the operation the break was discovered and plaintiff alleged that the hospital was guilty of negligence in not discovering the break at an earlier date. Plaintiff thus attempted to plead a case against the hospital by alleging negligence in very general terms.

The court, in sustaining a demurrer to the complaint, held that plaintiff had not alleged sufficient facts to place liability upon the defendant even if the facts alleged were found to be true. The court, in addition to stating that plaintiff's complaint showed that he had no knowledge as to how, when or where the rib was broken and thus had merely concluded negligence upon the part of the defendant by pure speculation, also held that while negligence may, as a rule, be charged in general terms under California rules of pleading, a plaintiff must, however, point out some act which was done and allege that it was done negligently. In Guilliams' complaint there were no facts set forth as to what the defendant did or omitted to do.

The plaintiff attempted to take advantage of the doctrine of "res ipsa loquitur," arguing that by merely placing himself in the hospital's hands, an inference should be raised that any injury occurring while such condition continued would be the result of negligence on the part of the hospital. The court held that the rule of res ipsa loquitur, even conceding it to be applicable, merely relieves a party from the duty of proving some act set out in the complaint. It does not relieve a party from pointing out in the complaint a certain act or omission and labeling it as having been negligently done. The court continued its opinion with the following statement, which infers that the doctrine of "res ipsa loquitur" would not apply to the case even though negligence had been sufficiently designated:

"Defendant hospital is in no sense an insurer, nor can it be successfully contended that there is anything about a hospital, as such, that is inherently dangerous. The attempt, therefore, of plaintiff, in the circumstances, to base a cause of action upon a lack of knowledge, as the complaint in substance affirmatively shows, finds no support in the law."

As to plaintiff's contention that his damage was increased by the delay in discovery of the break by the hospital, the court held that there could be no liability on the part of the hospital, since discovery of a broken rib and treatment of the same after discovery would constitute the practice of medicine, and that a hospital could not be charged with that duty since by Section 2008 of the Business and Professions Code the privilege of practicing medicine is denied to corporations.

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from and syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIV, No. 1, January, 1916

From Some Editorial Notes:

1916.—Another whole, clean, new book to write things in; and this time it has 366 pages—that gives us one day more to do something worth while on that extra day of this new year. The man who gets to the point where he thinks there is nothing in the way of betterment or improvement that he can put into himself or his work ought to crawl off somewhere and die, quietly and unostentatiously, so as not to disturb the people who are trying to do things. It is a good world, though a bit troubled in spots just now [World War I], and there is such a lot to be done in it. . . .

Let's all make up our minds that we are going to write some good things on these 366 pages of ours this year, and, first of all, let's write on the first page—and all the others—that we are going to be mighty careful that we do not speak uncharitably or carelessly in a slighting way, of the other fellow's work or treatment or operation or whatever it may be. You can't always tell what the other fellow had to contend with, you know. And then, every little while, just to remind yourself, write a memorandum to the effect that you can never believe a patient when he criticizes a doctor—for he does not know what the doctor was trying to do and he is not competent to express an opinion anyhow. And then, just to reduce our pride in ourselves and our own wonderful achievements, we might write another occasional memorandum to ourselves, recalling some of our own blunders in diagnosis or treatment and some of the mistakes that we do not like to talk about in public; such things are quite wholesome, unless we are beyond all hope of redemption. . . .

And so, let it be a happy New Year, and a prosperous New Year, and best of all, for all of us, everyone, a better New Year!

~ ~ ~

State Society—Fresno, April 18, 19, 20, 1916.—The annual meeting of the State Society this year will be a notable one for many reasons. We had no meeting last year, owing to the fact that the American Medical Association came to San Francisco to meet with us, and an overwhelming majority of our members—or, officially, delegates—expressed a desire not to have two meetings, but to concentrate our energies on the American Medical Association meeting. The Society has not had a meeting away from the Coast for a number of years; the last time was at Sacramento. It has not met in the San Joaquin Valley since 1898, when the historic battle of the umbrella and the pencil occurred, in Fresno. Incidentally, three of our members were arrested during that session, though it may be said in passing that none of them had committed any crime more serious than riding a bicycle on the sidewalk.

~ ~ ~

Dr. William Ophüls, Dean.—It is a pleasure to announce, and it will be a pleasure to all his friends—and they are legion—to know that Doctor Ophüls has been appointed dean of the Medical School of Leland Stanford, Jr., University. Doctor Ophüls' kindness and good nature are no less great than his erudition, and during the years that he

(Continued in Front Advertising Section, Page 28)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By CHARLES B. PINKHAM, M. D.
Secretary-Treasurer

News

"Governor Olson announced today the appointment of Dr. Hugo M. Kersten, Los Angeles physician, to the State Board of Medical Examiners and the reappointment of Dr. Charles B. Pinkham of San Francisco. Doctor Kersten succeeds Dr. William R. Molony of Los Angeles, whose term expired last January 15." (Press dispatch dated Los Angeles, November 13, 1940, and printed in the *Sacramento Bee*, same date.)

"Dr. C. E. Schoff of Sacramento today resigned as a member of the State Board of Medical Examiners because of his health. He was first appointed to the Board February 1, 1929. His term will expire on January 15, 1941. Governor Culbert L. Olson's office said no successor has been named." (*Sacramento Bee*, November 20, 1940.)

"The first department-wide meeting in the eleven-year history of the State Department of Professional and Vocational Standards this week produced suggestions that may lead to an extensive program of streamlining and elimination of waste effort, Director Dwight W. Stephenson announced yesterday. . . . Stephenson suggested that instead of all sixteen boards in the department introducing their own bills in the legislature and battling each other on those measures, they get together beforehand, do their scrapping behind closed doors, and come to the solons with a unified program. Legal fees now cost the department approximately \$30,000 a biennium, the bulk of this going to the Attorney-General's office and the rest to two part-time attorneys. But, says Stephenson, the Attorney-General's office hasn't the time to render the boards proper service—it takes six months sometimes to get a legal written opinion. So the suggestion was made to hire two full-time attorneys, at \$5,000 for one and \$3,000 for the other per year. This, says the director, would not only cut the legal fees in half, but it would give all boards continual access to legal service. Another money-saving suggestion made was to establish referees for each board. As it is now, when, say the medical boards want to hold a hearing on a disciplinary matter, the majority of the board must sit—*per diem* expense to the state, of course. If referees were available, many of the matters could be settled with just that one man sitting. . . . All of these changes will require legislative action. . . ." (*Sacramento Union*, November 29, 1940.)

PHYSICIANS AND SURGEONS RECEIVING CALIFORNIA LICENSES IN DECEMBER, 1940

Charles B. Pinkham, M. D., Secretary-Treasurer of the Board of Medical Examiners of the State of California, reports results of the written examination held in Sacramento, October 22 to 24, inclusive, 1940. The examination for physicians and surgeons covered nine subjects and included ninety questions. An average of 75 per cent is required to pass. Seventy-seven applicants wrote the examination. Included in the applicants were several graduates of foreign medical schools.

The highest mark for physicians and surgeons (98 7/9 per cent) was made by Maxwell Sender Kassel, M. D.,

(Continued in Back Advertising Section, Page 36)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.

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TWENTY-FIVE YEARS AGO

(Continued from Front Advertising Section, Page 30)

Excerpts from a Letter.—Herewith are two letters from Doctor Eloesser, who left San Francisco some months ago to do surgical work in Germany:

Reserve-Lazarett V,
Karlsruhe, den 1/Nov./15.

Dr. P. M. Jones,
San Francisco.

Dear Doctor Jones:

Although everyday life goes on in a way here that scarcely lets one know that there is a war—although one eats, drinks, goes to the theater or to a concert and sleeps undisturbedly afterwards, there are a few articles for which Germany is dependent on outside sources, whose scarcity is beginning to make itself felt. One of the main things is rubber; one feels the scarcity somewhat in hospital work. We still have rubber gloves, but we have to be sparing of them, and mend them and make them go as far as we can. . . .

I have been very busy here up to the last week or so when things have begun to slacken, now that the attempt at a break through the West front seems to have resulted in a definite failure. The hospital has 240 beds; less than I had at my disposal in my former place (Ettingen), but much more active. . . .

Work is satisfactory. They have been more than kind and accommodating to me at headquarters. I am my own master and subject only to occasional tours of inspection by higher officials, such as are made through all hospitals. Karlsruhe is near enough the front to get cases early—within twenty-four hours of injury sometimes, and still near enough Heidelberg and other universities to enable

one to avail oneself of all the bacteriological and pathological aid that one wants, so that there is no excuse for not properly observing or treating the cases. This hospital is in a brand-new manual training school, which has never been used as such, but was immediately converted into a hospital as soon as it was finished at the beginning of the war. It lacks nothing in the way of equipment—only rubber gloves are scant, and you'll help me get those.

With best regards. Very sincerely, Eloesser.

From an Item on "Stereopticon Loan Library."—The stereopticon loan library established by the United States Public Health Service consists of over 2,000 views, the majority of which are original, dealing with the aspects of various public health problems. Additions are constantly being made to the collection. The slides are classified by diseases or subjects.

Excerpt from Book Reviews: "A Mechanistic View of War and Peace." By George W. Crile. Edited by Amy F. Rowland. Illustrated. 104 pages. Published by The Macmillan Company, New York. 1915. Price, \$1.25.

Someone has said that Crile discovered Darwin's Origin of the Species and never got over it. It is indeed well that a few writers have the intelligence to apply the principles of Darwin's philosophy to medical thought. In this present book Crile uses his genius for seeing things from a basic standpoint. He describes the phenomena of war: attack, retreat, trench fighting, artillery fire, fatigue, loss of sleep, effect of injury and pain, courage and death, showing their effects upon the psychic and physiologic reaction and the tissue changes resulting. In the biologic interpretation of

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war he explains the emotions on which the tendency to combat is built. Fear is the basis of hatred. Games of contest are but miniature battles. Action patterns of war are among the earliest mental acquisitions of childhood. In England sports take the place of the war impulse of their national game. The author defines German "Kultur" in its highest biologic interpretation—an altruism based on force.

From the Minutes of the December, 1916, Meeting of the State Board of Health.—The State Board of Health met in Sacramento on December 4. The following members were present: Dr. George E. Ebricht, president; Dr. Fred F. Gundrum, vice-president; Dr. Adelaide Brown; Dr. Robert A. Peers, Dr. Edward F. Glaser; and Dr. Wilbur A. Sawyer, Secretary. . . .

The matter of the enforcement of the newer legislation on milk sanitation was discussed. By formal resolution the Board announced that the provisions of Chapter 742, Statutes of 1915, requiring the grading of milk, tuberculin testing of cows and the pasteurization of milk from cows which have not been tuberculin tested, would be enforced as far as it devolves upon the State Board of Health to do so, and the secretary was instructed to confer with the State Dairy Bureau and the State Veterinarian regarding the enforcement of the law. This law goes into effect on October 1, 1916.

The survival of civilization after the European war will depend largely upon the energy with which the people of the United States will uphold the principles of freedom of the mind, which are the basis of life in our republic.—Franz Boas.



An ever increasing flow of medical literature and clinical evidence continues to support the therapeutic effectiveness of Sulfathiazole in the treatment of Pneumococcal and Staphylococcal infections.

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BOARD OF MEDICAL EXAMINERS

(Continued from Text Page 52)

1200 North State Street, Los Angeles, a graduate of the University of California Medical School, May 25, 1940.

The following is a list of successful applicants:

Nels Wallace Ahnlund, M. B., San Jose, University of Minnesota Medical School.

Charles Edward Anzinger, Sacramento, Loyola University School of Medicine, Illinois.

William Lind Argo, Oakland, McGill University Faculty of Medicine, Canada.

George Joseph Arnold, Los Angeles, St. Louis University School of Medicine, Missouri.

Thomas Edward Bailly, Jr., San Francisco, University of California Medical School.

John Albert Berg, Jr., Sacramento, St. Louis University School of Medicine, Missouri.

John James Brennan, San Francisco, Creighton University School of Medicine, Nebraska.

Fred Allan Burg, Fresno, University of Oklahoma School of Medicine.

Arthur Lynn Burks, San Francisco, University of Oklahoma School of Medicine.

Fritz Adolf Cahen-Brach, Los Angeles, University of Frankfurt a/Main, Germany.

Aaron Arthur Cohen, Los Angeles, Johns Hopkins University School of Medicine, Maryland.

Campbell Harris Covington, Fresno, St. Louis University School of Medicine, Missouri.

Robert Lee Dennis, San Francisco, Stanford University School of Medicine.

Rodger Swain Dille, San Mateo, Northwestern University Medical School, Illinois.

Frank Creighton Eastman, San Francisco, Stanford University School of Medicine.

Bertrand LeRoy Ellis, Glendale, College of Medical Evangelists.

Albert Edward Fleming, Sanger, Washington University School of Medicine, Missouri.

Michael Allen Garetz, San Jose, University of Minnesota Medical School.

Harold Lealand Graves, Salinas, College of Medical Evangelists.

Vincent Harold Greco, San Jose, Creighton University School of Medicine, Nebraska.

Donald Lewellyn Green, Los Altos, University of Arkansas School of Medicine.

Helen Hagey, San Francisco, University of Michigan Medical School.

Merle Ludvig Hamren, North Hollywood, College of Medical Evangelists.

Franciscum Hillman, Los Angeles, German University of Prague, Czechoslovakia.

Ronald Leroy Hughes, Los Angeles, State University of Iowa College of Medicine.

Marshall William Johnstone, San Francisco, Northwestern University Medical School, Illinois.

Maxwell Sender Kassel, Los Angeles, University of California Medical School.

Bernard Kaufman, Jr., San Francisco, Tulane University of Louisiana School of Medicine.

Max Elliott Krause, Livermore, University of Oklahoma School of Medicine.

John Latimer LaMotte, Los Angeles, University of Southern California School of Medicine.

John Bunn Long, Oakland, University of Oregon Medical School.

Gerald Bullard Macarthy, San Francisco, University of Chicago School of Medicine, Illinois.

Alastair Macdonald, Los Angeles, University of Toronto Faculty of Medicine, Canada.

John Jonas Mandel, Los Angeles, German University of Prague, Czechoslovakia.

Bishop Clemson Marsh, Los Angeles, College of Medical Evangelists.

Daniel L. McGettigan, San Francisco, St. Louis University School of Medicine, Missouri.

Carl William John Meehan, San Francisco, St. Louis University School of Medicine, Missouri.

Harold Deane Munal, Jr., Fresno, Baylor University College of Medicine, Texas.

William Richard Murphy, Sacramento, Creighton University School of Medicine, Nebraska.

(Continued on Page 38)

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TWENTY-FIVE YEARS AGO

(Continued from Page 36)

William Ignatius Norton, Oakland, University of Wisconsin Medical School.

Francis Fulton O'Reilly, San Luis Obispo, University of California Medical School.

Samuel Perrie, Long Beach, University of Stefan Batory, Wilno, Poland.

Henry Darr Rampoldi, Sacramento, McGill University Faculty of Medicine, Canada.

Charles Erskine Richards, Oakland, University of Nebraska College of Medicine.

Paul Harold Ryan, Oakland, University of Oregon Medical School.

Carlos Francisco Sacasa, Pasadena, Georgetown University School of Medicine, Washington, D. C.

Edith Charlotte Schrader, San Francisco, Creighton University School of Medicine, Nebraska.

Irving Israel Schuldberg, Los Angeles, University of Southern California School of Medicine.

Hubert Fredrick Schwarz, San Francisco, Creighton University School of Medicine, Nebraska.

Ludwig Selzer, Palo Alto, University of Vienna Faculty of Medicine, Austria.

Leland Kendall Small, Oakland, Creighton University School of Medicine, Nebraska.

Allan Erwin Stamler, Oakland, University of Illinois College of Medicine.

James Harwood Thompson, San Francisco, Harvard University Medical School, Massachusetts.

James Lynn Turner, M. B., Oakland, Northwestern University Medical School, Illinois.

Daniel John Vracin, Griffith, Indiana, Loyola University School of Medicine, Illinois.

John Hunt Walker, Oakland, University of Michigan Medical School.

Joseph Balch Wheelwright, L. R. C. P., M. R. C. S., San Francisco, Royal College of Physicians of London, Royal College of Surgeons of England.

Roscoe Clarence Wilson, San Francisco, University of Oregon Medical School.

"With more than seven hundred complaints per month pouring into the Post Office Department concerning 'Mexican Prisoner' letters swamping the United States, the Better Business Bureau again urges its members to send in all such letters, together with the postmarked envelopes in which they are received. . . . Of ancient vintage is the letter used by these swindlers. It states the writer is in prison for bankruptcy, and needs aid in saving \$285,000 hidden in a trunk in a custom house in the United States. The 'prisoner' agrees to give the victim a third of this amount if he will pay the expenses in connection with the imprisonment, to 'lift the embargo' so that the prisoner can recover the trunk. It states that the prisoner cannot sign his own name, but gives the name of a trusted friend in Mexico City to whom the victim should convey his willingness to aid. A San Francisco clergyman who flew to the aid of the 'prisoner' was met by a gang of crooks,

(Continued on Page 40)

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BOARD OF MEDICAL EXAMINERS

(Continued from Page 38)

who relieved him of several thousand dollars. . . ." (Better Business Bureau *Spotlight*, October, 1940.)

"Dr. John R. Brinkley, the 'goat gland' doctor of Del Rio, Texas, and Little Rock, Arkansas, today lost an appeal to the Supreme Court for review of action of lower courts in dismissing a \$250,000 suit against Dr. Morris Fishbein of the American Medical Association." (I. N. S. dispatch dated Washington, October 14, and printed in the *San Francisco Examiner*, October 15, 1940.) (Previous entries, September, 1931; April, 1934; May, 1936; May, 1939; February, 1940.) (Interesting articles on the same subject appeared in *The Journal of the American Medical Association*, March 9, 1940, page 874; March 23, 1940, page 1083; October 19, 1940, page 1368; November 9, 1940, page 1655.)

"Dr. M. B. Fractman, fifty-eight, was arrested a second time today on charges of illegally administering narcotics to Mrs. Bernice Tweedy, nineteen. The second arrest, charging felony, occurred after Municipal Judge Morris continued until Friday arraignment on the original charge which asserted that Doctor Fractman was guilty of a misdemeanor. Presiding Judge Dunn discharged the \$2,000 bond Doctor Fractman had posted after his arrest yesterday. Bail for the second charge was set at \$1,000, and was posted immediately. State narcotics agents accompanied Mrs. Tweedy to Doctor Fractman's offices in the Flood Building. They charged Doctor Fractman insisted on injecting the drug when the girl told him she was in a

nervous condition. The doctor maintains he acted in good faith and did not realize the girl was feigning." (*San Francisco News*, October 21, 1940.)

"Thomas D. Wyatt, Redding physician whose license was revoked a year ago, Tuesday night made a dramatic plea before the State Board of Medical Examiners for restoration of his license and permission to return to private practice. A peculiar feature of the case was that Attorney Lionel L. Browne, representing Wyatt, was the Board's attorney a year ago, who prosecuted Wyatt and succeeded in having his license revoked. Wyatt originally was suspended on two charges of performing an illegal operation. Wyatt told the Board his life's ambition was to practice medicine; that he wanted to be able to serve the Redding community or join the military service in case of war. Browne explained that at no time during his prosecution had any witness disparaged Wyatt's skill as a surgeon. He now felt Wyatt had been punished sufficiently and was sincere in wanting to live up to the high ethics of the medical profession. . . ." (*Redding Courier-Free Press*, October 23, 1940.)

"The State Board of Medical Examiners announced today it has restored the license of Dr. Thomas D. Wyatt, Redding, Shasta County, physician, but that he will be on probation for five years. His license was suspended a year ago on a charge of performing an abortion." (*Sacramento Bee*, October 24, 1940.)

"Dr. John J. Kingston, who received top rating in the recent Civil Service examination for San Francisco Coro-

(Continued on Page 42)

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BOARD OF MEDICAL EXAMINERS

(Continued from Page 40)

ner, yesterday took the oath of office in the City Hall. He fills the vacancy made vacant through the retirement of Dr. T. B. W. Leland. The post pays \$5,000 a year, and under a Civil Service Commission rule prohibits Doctor Kingston from conducting a private practice." (San Francisco Recorder, October 25, 1940.)

"State organized medical authorities have filed a charge in Municipal Court, San Diego, against Howard Kelly, Carlsbad, for practicing medicine or healing without a license. Mr. Kelly's attorney stated that the charge had been filed at the instigation of a representative of organized medicine whose duty it is to keep watch on practitioners or healers who operate without a license. . . ." (Carlsbad Journal, October 3, 1940.)

"Malingering—'litigation neurosis'—and plain and fancy faking of claims were discussed by the Medico-Legal and Criminological Society in the Cuyamaca Club on Tuesday night. Motion pictures of supposedly badly injured claimants, displaying the full use of the arms or legs on which claims were presented, were shown by Vernon Bennett and Marshall Widenor of the San Diego Electric Railway Company. There followed a presentation of the medical, legal, and investigative sides of such cases by Dr. D. H. Werden, Harry Sweet, and Harry LeBaron. Dr. Lee Conti presided at the meeting, which was attended by twenty-five doctors, attorneys, peace officers, and newspapermen. . . ." (San Diego Union, October 17, 1940.)

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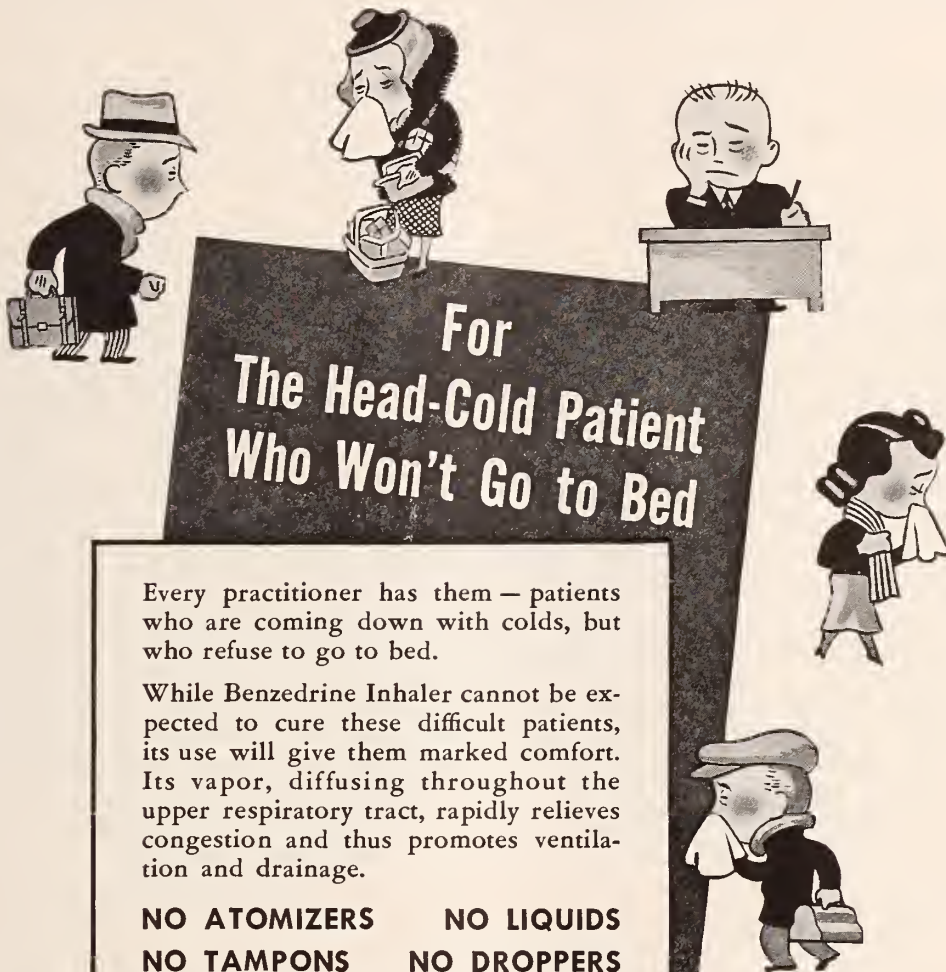
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"Norman W. Walker, charged by Special Agent S. W. Brooks of the State Board of Medical Examiners with impersonating a licensed medical practitioner, was arraigned in Police Court yesterday on two charges of violating the Medical Practice Act. Judge Kenneth C. Newell set bail at \$200 after the defendant had pleaded not guilty. The trial was set for December 12. Letterheads of the defendant are to be offered in evidence. It is charged that through them he claims to hold several medical degrees, whereas he has none. He is not charged with prescribing medicines, but with advising certain vegetable juices and manipulations for those who were ill, in defiance of the law, which allows such prescriptions only to those who have qualified by education to treat such patients." (Pasadena Star-News, October 30, 1940.)

"Checks were being mailed today to doctors serving the Municipal Employees' Health Service system in August at the rate of 82 cents on the \$1 unit, a total of \$23,058.45. This represents an increase of 17 cents over August, 1939. Health service directors, meeting last night, also approved bills for September, including hospitals, \$6,607.95; x-ray, \$1,142; laboratory, \$550.25; and ambulance, \$142." (San Francisco Call-Bulletin, October 22, 1940.)

"Two men and one woman were held for trial, charges against Dr. William E. Stewart of Portland, Oregon, and Dr. Z. A. D'Amours of Las Vegas were dismissed, and a bench warrant for the arrest of Dr. Valentine St. John of Los Angeles was issued, all in the district court here in connection with the prosecution of asserted members of a Pacific Coast-wide abortion ring. . . . Those held for

(Continued on Page 44)



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BOARD OF MEDICAL EXAMINERS

(Continued from Page 42)

trial on the specific charge of performing an abortion are: Reginald L. Rankin, a former San Quentin inmate; Paul Cushing (also said to be known as Leslie von Kempfelt) said to be secretary of the asserted abortion ring, and Mrs. Ruth Barnett, nurse. . . . The seven were accused of operating an illegal operation clinic in an elaborately equipped downtown office building here. The rooms were raided on November 19 and much of the furnishings were seized. . . . Dismissal of the charges against Dr. Stewart and Dr. D'Amours took place after District Attorney Ernest S. Brown admitted he had no evidence of any criminal intent. He said evidence he had gathered showed Dr. Stewart previously had loaned money to Rankin and was about to lend additional funds with the idea of protecting his first loans, but the prosecutor's office could find no evidence Dr. Stewart was aware Rankin had any illegal plan. . . ." (Press dispatch dated Reno, Nevada, December 11, 1940, and printed in the *Sacramento Bee*, same date.) (Previous entries—annual report, 1936—see *Pacific Coast Abortion Ring*, 1936.)

"Dr. A. S. Waiss, 74-year-old physician, of 136 South Westlake Avenue, was named in three narcotic indictments returned by the federal grand jury yesterday. In one indictment he was charged individually with fifty-eight counts of alleged illegal prescription authorizations. In the other indictments he and fourteen others were charged with conspiracy to violate the narcotic laws. . . . According to federal agents, Doctor Waiss illegally issued scores of prescriptions for various narcotics, knowing that they were to be used by addicts. . . ." (Los Angeles *Examiner*, November 28, 1940.)

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*Proc. Soc. Exp. Bio. and Med., 1934, 32, 241-245

**Laryngoscope, 1935, XLV, No. 2, 149-154

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CONTENTS AND SUBJECT INDEX

EDITORIALS:

- Compulsory Health Insurance Act Proposed by the Governor of California..... 53
- A Postgraduate Course Worthy of Emulation 55
- On Various Topics..... 56

EDITORIAL COMMENT:

- Hepatic Cancerogen. By W. H. Manwaring, Stanford University..... 57
- Charcoal Avitaminosis. By W. H. Manwaring, Stanford University..... 58

SCIENTIFIC AND GENERAL:

- Gastro-intestinal Diseases: The Newer Therapy. By Fred H. Kruse, San Francisco 59
- Anemia of the Newborn with Erythroblastosis. By George D. Lyman, San Francisco 64
- Traumatic Rupture of the Liver. By J. Norman O'Neill, Los Angeles..... 68
- Cutaneous Leishmaniasis, Experimentally Produced. By H. J. Templeton, Oakland 70
- Management of Chest Injuries. By William B. Faulkner, Jr., San Francisco 71
- Carbon Dioxid Therapy. By Mayo H. Soley, Karolina B. Jump, San Mateo, and Nathan W. Shock, Berkeley 73

- Roentgen Therapy in the Treatment of Absolute Glaucoma. By Lloyd Bryan and A. Justin Williams, San Francisco 76
- The Literary Physician: A Note on Osler's Essays. By William White, Los Angeles 79

CLINICAL NOTES AND CASE REPORTS:

- Blood Bank: San Francisco Hospital. By J. C. Geiger, San Francisco..... 80
- Hippocrates' Aphorisms. By M. Scholtz, Arcadia 82

STATE MEDICAL ASSOCIATION:

- California Medical Association..... 83
- Official Notices 83
- Abstract of Minutes, Executive Committee Meeting, January 26, 1941..... 85
- California Committee on Medical Preparedness..... 85
- Committee on Legislation and Public Policy..... 88
- Committee on Postgraduate Activities..... 89
- Committee on Public Health Education..... 90
- C. M. A. Department of Public Relations..... 90
- C. M. A. Cancer Commission..... 90
- Committee on Scientific Work: Annual Session..... 91
- Committee on Health and Public Instruction 91
- County Societies 92
- Woman's Auxiliary 93
- California Physicians' Service 94

MISCELLANY:

- News 95
- Twenty-Five Years Ago..... 100
- Board of Medical Examiners of the State of California 100
- California Medical Directories..... Adv. pages 2, 4, 6
- Book Reviews Adv. page 14

ADVERTISEMENTS:

- Index..... Adv. p. 8

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Committee on Medical Defense			Cancer Commission		
George G. Reinle (Chairman).....	Oakland	1941	Orville N. Meland.....	Los Angeles	1941
William J. Van Den Berg.....	Sacramento	1942	A. Herman Zeller.....	Los Angeles	1941
Lewis T. Bullock.....	Los Angeles	1943	Gertrude Moore.....	Oakland	1941
Committee on Medical Economics			Clarence J. Berne (Sec. for Southern Section).....	Los Angeles	1942
John H. Graves (Chairman).....	San Francisco	1941	Alson R. Kilgore.....	San Francisco	1942
L. W. Hines.....	Santa Rosa	1942	Henry J. Ullmann.....	Santa Barbara	1942
Edward C. Pallette.....	Los Angeles	1943	Charles A. Dukes (Chairman).....	Oakland	1943
Committee on Medical Education and Medical Institutions			Lyell C. Kinney (Vice-Chairman).....	San Diego	1943
B. O. Raulston.....	Los Angeles	1941	Otto H. Pfueger (Secretary).....	San Francisco	1943
L. R. Chandler (Chairman).....	San Francisco	1942	Communications for the Cancer Commission should be addressed to the Secretary, Otto H. Pfueger, M. D., 384 Post Street, San Francisco.		
Fred H. Kruse.....	San Francisco	1943	Committee on Membership and Organization		
George D. Maner (Chairman).....	Los Angeles	1941	George D. Maner (Chairman).....	Los Angeles	1941
Dewey R. Powell.....	Stockton	1942	F. E. Clough.....	San Bernardino	1941
A. J. Cooper.....	San Diego	1943	H. E. Henderson.....	Santa Barbara	1942
Committee on Postgraduate Activities			Dwight L. Wilbur (Chairman).....	San Francisco	1943
F. E. Clough.....	San Bernardino	1941	Secretary ex officio		
H. E. Henderson.....	Santa Barbara	1942			
Dwight L. Wilbur (Chairman).....	San Francisco	1943			

(Roster lists of officers of scientific sections, component county societies, Woman's Auxiliary, A. M. A. delegates, special committees, etc., are continued on advertising pages 4 and 6.)



California Physicians' Service

Headquarters Office of California Physicians' Service is located at 333 Pine Street, San Francisco. Los Angeles Office address: 1151 South Broadway.

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California Packet Library Services

In connection with postgraduate and other studies, the packet library facilities of the larger medical libraries of California may be mentioned. Letters regarding literature, etc., may be addressed to the librarians of the following institutions:

(Continued on Page 5)

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ROSTER OF COUNTY MEDICAL SOCIETIES, CALIFORNIA MEDICAL ASSOCIATION

(County society secretaries are requested to promptly notify "California and Western Medicine" when changes are indicated in their roster information.)

Alameda County Medical Association
2404 Broadway, Oakland
President, John W. Sherrick, 350 Twentieth Street, Oakland.
Secretary, Gertrude Moore, 2404 Broadway, Oakland.
Meeting, *Third Monday, 8:15 p. m., Hunter Hall, Oakland.*

Butte-Glenn County Medical Society
President, William W. Carey, 103 Hazel Street, Gridley.
Secretary, J. O. Chiappella, 131 Broadway, Chico.
Meeting, *Second Thursday.*

Contra Costa County Medical Society
President, R. J. P. Harmon, 314 Tenth Street, Richmond.
Secretary, L. Abbott Hedges, 912 Macdonald Avenue, Richmond.
Meeting, *Second Tuesday, 8:00 p. m.*

Fresno County Medical Society
President, Frank R. Ruff, 1234 S Street, Fresno.
Secretary, J. E. Young, 405 Rowell Building, Fresno.
Meeting, *First Tuesday, University-Sequoia Club, Fresno.*

Humboldt County Medical Society
President, Lowell G. Kramar, 1049 Main Street, Fortuna.
Secretary, Joseph S. Woolford, 350 E Street, Eureka.
Meeting, *First Thursday.*

Imperial County Medical Society
President, William A. Clarke, 132 Fifth Street, Holtville.
Secretary, Claude F. Peters, 722 Main Street, El Centro.
Meeting, *Third Tuesday, 7:00 p. m., Barbara Worth Hotel, El Centro.*

Inyo-Mono County Medical Society
President, H. W. Crook, 106 S. Main, Bishop.
Secretary, George Shultz, 124 N. Main, Lone Pine.
Meeting, *Fourth Wednesday, Methodist Church, Bishop, except December, January, February.*

Kern County Medical Society
President, Lucille B. May, 1706 Chester Ave., Bakersfield.
Secretary, Sophie M. Loven, 458 Haberfelde Building, Bakersfield.
Meeting, *Third Thursday, 8:00 p. m.*

Kings County Medical Society
President, P. K. Edmunds, Corcoran.
Secretary, William A. Johnstone, Hanford.
Meeting, *Second Monday, 8:00 p. m., Legion Hall, Hanford.*

Lassen-Plumas-Modoc County Medical Society
President, W. B. McKnight, Portola.
Secretary, Bernard S. Holm, Quincy.
Meeting, *On Call.*

Los Angeles County Medical Association
1925 Wilshire Boulevard, Los Angeles
President, Thomas C. Myers, 1501 So. Figueroa Street, Los Angeles.
Secretary, L. A. Alesen, 1925 Wilshire Boulevard, Los Angeles.
Meeting, *First and Third Thursdays, 1925 Wilshire Boulevard, Los Angeles.*

Marin County Medical Society
President, Wilson P. Goddard, 308 Throckmorton Street, Mill Valley.
Secretary, Carl W. Clark, 1010 B Street, San Rafael.
Meeting, *Fourth Thursday, Deer Park Villa, Fairfax.*

Mendocino-Lake County Medical Society
President, Royal Scudder, 123 Laurel Street, Fort Bragg.
Secretary, Otto L. Gericke, Mendocino State Hospital, Talmage.
Meeting, *on Call.*

Merced County Medical Society
President, William E. Fountain, 557 Seventeenth Street, Merced.
Secretary, James A. Parker, Bank of America Building, Merced.
Meeting, *Third Thursday, Hotel Tioga, Merced.*

Monterey County Medical Society
President, James McPharlin, 8 East Alisal Street, Salinas.
Secretary, R. D. Mace, 631 South Main Street, Salinas.
Meeting, *First Thursday.*

Napa County Medical Society
President, Frank X. McGreane, Silverado Sanatorium, Calistoga.
Secretary, M. M. Booth, Bruck Building, St. Helena.
Meeting, *First Wednesday.*

Orange County Medical Society
President, John A. Wood, 605 No. Los Angeles Street, Anaheim.
Secretary, Glenn Curtis, 323 North Pomona Street, Brea.
Meeting, *First Tuesday, 8:00 p. m., Chapel of the Orange County Hospital, Orange.*

Placer-Nevada-Sierra County Medical Society
President, Lucas W. Empey, Roseville.
Secretary, Robert A. Peers, Colfax.
Meeting, *At Call of President.*

Riverside County Medical Society
President, Thomas A. Card, 3616 Main Street, Riverside.
Secretary, W. Philip Corr, 3616 Main Street, Riverside.
Meeting, *Second Monday, 8:00 p. m., Library, Riverside Community Hospital.*

Sacramento Society for Medical Improvement
President, Frank Warne Lee, 510 Physicians Building, Sacramento.
Secretary, Curtis H. McDonnell, California State Life Building, Sacramento.
Meeting, *Third Tuesday, 8:30 p. m., Auditorium, Sacramento.*

San Benito County Medical Society
President, J. M. O'Donnell, Hollister.
Secretary, L. E. Smith, Hollister.
Meeting, *At Call of President.*

San Bernardino County Medical Society
President, Eugene H. Hull, San Bernardino.
Secretary, A. E. Varden, Medico-Dental Building, San Bernardino.
Meeting, *First Tuesday, 8:00 p. m., San Bernardino County Charity Hospital.*

San Diego County Medical Society
1410 Medico-Dental Building, 233 A Street, San Diego
President, Frank A. St. Sure, 4067 Van Dyke Avenue, San Diego.
Secretary, C. V. Bernardini, 1410 Medico-Dental Building, 233 A Street, San Diego.
Meeting, *Second Tuesday, University Club.*

San Francisco County Medical Society
2180 Washington Street, San Francisco
President, Harold A. Fletcher, 490 Post Street, San Francisco.
Secretary, L. Henry Garland, 2180 Washington Street, San Francisco.
Meeting, *Every Tuesday, 8:15 p. m., 2180 Washington Street, San Francisco.*

San Joaquin County Medical Society
President, Hugh J. Bolinger, Farmers and Merchants Bank Building, Lodi.
Secretary, George H. Rohrbacher, 1005 Medico-Dental Building, Stockton.
Meeting, *First Thursday, 8:15 p. m., Medico-Dental Club Rooms, Stockton.*

San Luis Obispo County Medical Society
President, Horace Hagan, 1215 Chorro Street, San Luis Obispo.
Secretary, E. M. Bingham, County Health Department, San Luis Obispo.
Meeting, *Third Saturday, 6:30 p. m., Gold Dragon Cafe, San Luis Obispo.*

San Mateo County Medical Society
President, H. H. Whitney, 1204 Burlingame Avenue, Burlingame.
Secretary, Thomas Farthing, 23 Second Avenue, San Mateo.
Meeting, *Fourth Wednesday, Benjamin Franklin Hotel, San Mateo.*

Santa Barbara County Medical Society
President, H. R. Schwalenberg, Cottage Hospital, Santa Barbara.
Secretary, D. H. McNamara, 317 W. Pueblo Street, Santa Barbara.
Meeting, *Second Monday, Cottage Hospital.*

Santa Clara County Medical Society
President, A. J. Baiocchi, 369 South Third Street, San Jose.
Secretary, Leon P. Fox, Ste. Claire Building, San Jose.
Meeting, *Third Wednesday, 8:00 p. m., Medico-Dental Building, San Jose.*

Santa Cruz County Medical Society
President, A. F. Giberson, Watsonville.
Secretary, Samuel B. Randall, 84 Walnut Avenue, Santa Cruz.
Meeting, *First Tuesday of each month (except June, July and August), 7:30 p. m., Club Rio del Mar, Aptos.*

Shasta County Medical Society
President, Earnest Dozier, Redding.
Secretary, Bertram L. Trelstad, 1536 Market Street, Redding.
Meeting, *Second Monday.*

Siskiyou County Medical Society
President, Charles Pius, Yreka.
Secretary, Victor W. Hart, 113 No. Oregon Street, Yreka.
Meeting, *Sunday on call.*

Solano County Medical Society
President, H. Randall Madeley, 727 Sonoma Street, Vallejo.
Secretary, John W. Green, Box 539, Vallejo.
Meeting, *Second Tuesday, 8:00 p. m., Casa de Vallejo Hotel, Vallejo.*

Sonoma County Medical Society
President, S. Z. Peoples, 159 Kentucky Street, Petaluma.
Secretary, T. E. Albers, 600 B Street, Santa Rosa.
Meeting, *Second Thursday.*

Stanislaus County Medical Society
President, Hoyt R. Gant, 1024 J Street, Modesto.
Secretary, A. E. Ghilotti, 1024 J Street, Modesto.
Meeting, *Second Friday, 7:30 p. m., Hotel Hughson.*

Tehama County Medical Society
President, R. G. Frey, Red Bluff.
Secretary, F. J. Bailey, Red Bluff.
Meeting, *At Call of President.*

Tulare County Medical Society
President, Ray E. Cronemiller, 160 South E Street, Exeter.
Secretary, Forrest G. Powell, 222 W. Willow Street, Visalia.
Meeting, *Sunday Evening once a month.*

Ventura County Medical Society
President, James W. Moore, 23 S. California Street, Ventura.
Secretary, Robert K. Harker, 132 Fourth Street, Oxnard.
Meeting, *Second Tuesday, Ventura County Country Club.*

Yolo County Medical Society
President, Edwin K. Copeland, 405 First Street, Woodland.
Secretary, Wilfred T. Robbins, 719 Second Street, Davis.
Meeting, *First Wednesday.*

Yuba-Sutter-Colusa County Medical Society
President, Romayne B. Whitney, Plumas Street, Yuba City.
Secretary, Leon M. Swift, I. O. O. F. Building, Marysville.
Meeting, *First Tuesday.*

(Roster lists continued on advertising page 6)

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(Continued from Page 3)

University of California Medical Library, Medical Center, San Francisco.

Lane Medical Library (Stanford), 2398 Sacramento Street, San Francisco.

Barlow Medical Library (Los Angeles County Medical Association), 634 South Westlake, Los Angeles.

Nonprofit Hospitalization Corporations

In California, the three nonprofit hospitalization corporations named below are in operation:

Hospital Service of California, 333 Pine Street, San Francisco; 675 East Santa Clara, San Jose; 364 Fourteenth Street, Oakland.

Associated Hospital Service of Southern California, 1151 South Broadway, Los Angeles.

Intercoast Hospitalization Insurance Association, 1127 "J" Street, Sacramento.

Soluble Iodophthalein for Carriers of Typhoid and Paratyphoid.—In reporting an apparent cure of a typhoid carrier by means of the drug soluble iodophthalein, James R. Enright, M. D., Honolulu, T. H., in *The Journal of the American Medical Association* states that his case is an additional indication that further trial of this substance is warranted in typhoid and paratyphoid carriers. A previous report by two other authors cited its apparent success in a carrier of paratyphoid, a disease similar to typhoid.

After only three doses of the drug by mouth, the stools of Doctor Enright's patient were negative for the typhoid organisms. They will be checked for at least a year, he says, and if they continue to be free of organisms the patient will then be classified as carrier free.

"No conclusions can be drawn from this single case," Doctor Enright points out, "but it seems that the result in this case warrants the trial of this comparatively harmless treatment on carriers of the typhoid-paratyphoid group before surgical treatment (spleen removal) is considered."

I respect faith, but doubt is what gets you an education.—Wilson Mizner.

St. Mary's Hospital

2200 Hayes Street

SAN FRANCISCO, CALIFORNIA



*Conducted by
Sisters of Mercy*



Accredited by the American Medical Association and Approved by the American College of Surgeons. Open to all members of the California Medical Association. Accredited School of Nursing and Out-Patient Department.

OFFICERS OF SCIENTIFIC SECTIONS, CALIFORNIA MEDICAL ASSOCIATION

Request is made that any member who desires to submit papers before an annual session section, write in regard thereto, to respective section secretary, as soon as convenient after the close of an annual session.

Anesthesiology Chairman, Charles F. McCuskey, 1561 Puebla Drive, Glendale. Secretary, Karolina B. Jump, Mills Memorial Hospital, San Mateo.	General Surgery Chairman, George K. Rhodes, 430 Medico-Dental Bldg., 490 Post St., San Francisco. Secretary, Frank J. Breslin, 1930 Wilshire Boulevard, Los Angeles. Assistant Secretary, Theodore C. Lawson, 3135 Webster Street, Oakland.	Pathology and Bacteriology Chairman, John W. Budd, 2131 West Third Street, Los Angeles. Secretary, Roy W. Hammack, 657 South Westlake Boulevard, Los Angeles. Assistant Secretary, Jesse L. Carr, University of California Hospital, San Francisco.
Dermatology and Syphilology Chairman, H. J. Templeton, 3115 Webster Street, Oakland. Vice-Chairman, H. P. Jacobson, 2007 Wilshire Boulevard, Los Angeles. Secretary, Frances A. Torrey, University of California Hospital, San Francisco.	Industrial Medicine and Surgery Chairman, John S. Stephens, 103 Medical Office Bldg., 1136 W. 6th St., Los Angeles. Vice-Chairman, Wilbur J. Cox, 450 Sutter Street, San Francisco. Secretary, John D. Ball, 414 Spurgeon Building, Santa Ana.	Pediatrics Chairman, William W. Belford, 601 Medico-Dental Building, 233 A Street, San Diego. Secretary, J. J. Miller, Jr., Stanford University School of Medicine, 2398 Sacramento Street, San Francisco. Assistant Secretary, Louis M. Earle, 6381 Hollywood Boulevard, Los Angeles.
Eye, Ear, Nose and Throat Chairman, Harry J. Wiley, 2701 Florence Street, Huntington Park. Vice-Chairman, Ferris L. Arnold, 923 Security Building, Long Beach. Secretary, Warren D. Horner, 490 Post Street, San Francisco.	Neuropsychiatry Chairman, R. B. Raney, 1234 Roosevelt Building, 727 West 7th St., Los Angeles. Secretary, James A. Cutting, Agnew State Hospital, Agnew.	Radiology Chairman, Carl H. Parker, 65 No. Madison Avenue, Pasadena. Secretary, Wilbur Bailey, 2007 Wilshire Boulevard, Los Angeles. Assistant Secretary, J. M. Robinson, 372 Funston Avenue, San Francisco.
General Medicine Chairman, Russel V. Lee, 300 Homer Avenue, Palo Alto. Vice-Chairman, Garnett Cheney, 703 Shreve Building, 210 Post Street, San Francisco. Secretary, E. Richmond Ware, 416 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.	Obstetrics and Gynecology Chairman, William Benbow Thompson, 1105 Equitable Building, 6253 Hollywood Boulevard, Los Angeles. Vice-Chairman, C. F. Fluhmann, Stanford Medical School, 2398 Sacramento Street, San Francisco. Secretary, Norman H. Williams, 415 North Camden Drive, Beverly Hills.	Urology Chairman, Lyle G. Craig, 65 North Madison Avenue, Pasadena. Secretary, Edward W. Beach, 306 Medico-Dental Bldg., 1127 11th St., Sacramento.

California Medical Association Delegates and Alternates to the American Medical Association

DELEGATES	ALTERNATES
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Special Committees

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Woman's Auxiliary to the California Medical Association

State Auxiliary Officers President, Mrs. A. E. Anderson, 1035 Cambridge Street, Fresno. President-Elect, Mrs. Harry O. Hund, 1304 Grand Avenue, San Rafael. First Vice-President, Mrs. F. G. Lindemulder, 2251 San Juan Road, San Diego. Second Vice-President, Mrs. Harry Huffman, 2340 Riverside Drive, Santa Ana. Recording Secretary, Mrs. R. K. Cutter, 107 Southampton Road, Berkeley. Corresponding Secretary, Mrs. Edwin Scarborough, 627 Pine Avenue, Fresno. Treasurer, Mrs. C. G. Stadfield, 1314 North Highland Avenue, Los Angeles. Officers of County Auxiliaries Alameda County—President, Mrs. Ira Church, 1592 Vista Street, Oakland. Butte-Glenn County—President, Mrs. C. C. Landis, 1081 Woodland Ave., Chico. Contra Costa County—President, Mrs. Kaho Daily, 2356 Carquinez Avenue, Richmond. Fresno County—President, Mrs. Otto P. Diederich, Route 3, Box 536, Fresno.	Humboldt County—President, Mrs. John N. Chain, Eureka. Kern County—President, Mrs. James T. Stanton, 2901 Sunset Avenue, Bakersfield. Kings County—President, Mrs. C. T. Rosson, Jr., 1507 N. Redington Street, Hanford. Lassen-Plumas-Modoc County—President, Mrs. Fred J. Davis, Jr., 920 Pine Avenue, Susanville. Los Angeles County—President, Mrs. Ralph B. Eusden, 4360 Myrtle Ave., Long Beach. Marin County—President, Mrs. Lloyd G. Tyler, 47 Sturdivant Ave., San Anselmo. Merced County—President, Mrs. C. C. Fitz Gibbon, 650 Twenty-sixth Street, Merced. Monterey County—President, Mrs. Herbert Archibald, 317 Lorimer Street, Salinas. Orange County—President, Mrs. Llewellyn E. Wilson, 558 South Illinois St., Anaheim. Riverside County—President, Mrs. Ralph M. Smith, 4107 Eighth Street, Riverside. Sacramento County—President, Mrs. George A. Briggs, 1127 45th Street, Sacramento. San Benito County—President, Mrs. L. E. Smith, 350 Fifth Street, Hollister. San Diego County—President, Mrs. R. Emerson Bond, 1877 Lyndon Road, San Diego.	San Francisco County—Pres., Mrs. A. Lincoln Brown, 2920 Broadway, San Francisco. San Joaquin County—President, Mrs. G. H. Rohrbacher, 21 North Regent St., Stockton. San Luis Obispo County—Pres., Mrs. G. D. Kelker, 1305 Marsh St., San Luis Obispo. San Mateo County—President, Mrs. P. J. Hanzlik, 303 Franklin Street, San Mateo. Santa Barbara County—President, Mrs. Richard McGowney, 64 Glendessary Lane, Santa Barbara. Santa Clara County—President, Mrs. Philip Haley, 1155 Emory Street, San Jose. Santa Cruz County—President, Mrs. Allen J. Pederson, 332 Walnut Ave., Santa Cruz. Solano County—President, Mrs. H. Randall Madeley, 711 Georgia Street, Vallejo. Sonoma County—President, Mrs. E. Dwight Barnett, 3325 Chanate Road, Santa Rosa. Stanislaus County—President, Mrs. A. E. Ghilotti, 1815 Hintze Avenue, Modesto. Tulare County—President, Mrs. H. L. Falk, 1415 West Center, Visalia. Ventura County—President, Mrs. Gilbert Gronhoyd, 931 McKeveit Rd., Santa Paula.
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Nevada State Medical Association

President, C. W. West, Reno.	President-Elect, H. A. Paradis, Sparks.	Sec.-Treas., Horace J. Brown, Box 698, Reno.
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Miscellaneous California Medical Organizations

Department of Public Health of the State of California San Francisco—603 Phelan Building, 760 Market Street, San Francisco; UNDERhill 8700. Sacramento—State Office Building, Tenth and L streets, Capital 2800. Los Angeles—State Office Building, 217 West First Street, Madison 1281. President, Elmer Belt, Los Angeles. Director, Bertram P. Brown, State Building, San Francisco. California Northern District Medical Society President—John H. White, Chico. Secretary—J. Homer Woolsey, Woodland Clinic, Woodland.	Board of Medical Examiners of the State of California San Francisco, Rm. 214, 515 Van Ness Ave. Los Angeles, 906 State Building. Sacramento, Business and Professional Bldg., 1020 N Street. President, William R. Molony, Sr., Los Angeles. Secretary, C. B. Pinkham, Room 214, 515 Van Ness Avenue, San Francisco. Southern California Medical Association President, John C. Ruddock, 1930 Wilshire Boulevard, Los Angeles. Secretary, John B. Doyle, 501 Wilshire Medical Building, 1930 Wilshire Boulevard, Los Angeles.	The Public Health League of California Executive Secretary, Ben H. Read, San Francisco office, 244 Kearny Street, phone SUtter 8470. Los Angeles office, Room 563, 1151 South Broadway, phone PROspect 5711. California State Department of Employment Headquarters Office: 1025 P Street, Sacramento; telephone Capitol 2800. Los Angeles Office: 1123 South Hill Street, telephone RICHmond 4181. San Francisco Office: 154 Sansome Street, telephone EXbrook 5656. Competent personnel available through these offices. If in need of an office assistant, registered nurse, or office nurse, call the nearest office of the California Department of Employment.
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*For the Local Treatment
of Acute Anterior*
URETHRITIS

(DUE TO NEISSERIA GONORRHEAE)

SILVER PICRATE*

Wyeth

A complete technique of treatment and literature will be sent upon request

JOHN WYETH & BROTHER, INCORPORATED, PHILA.

Silver Picrate, Wyeth, has a convincing record of effectiveness as a local treatment for acute anterior urethritis caused by Neisseria gonorrhoeae. (1) An aqueous solution (0.5 per cent) of silver picrate or water-soluble jelly (0.5 per cent) are employed in the treatment.

1. Knight, F., and Shelanski, H. A., "Treatment of Acute Anterior Urethritis with Silver Picrate," *Am. J. Syph. Gon. & Ven. Dis.*, 23, 201 (March) 1939.

*Silver Picrate, is a definite crystalline compound of silver and picric acid. It is available in the form of crystals and soluble trituration for the preparation of solutions, suppositories, water-soluble jelly, and powder for vaginal insufflation.

Status of the Mead Johnson Vitamin A Award.*—Meeting in New York on June 4, 1937, the judges† stated that the presentation of the award "at this time is not warranted since no clinical investigation on vitamin A has yet been published which completely answers any of the objectives of the original proposal. The judges, therefore, agreed to defer further consideration of the granting of this award until December 31, 1939. This action was taken because of the existence of pronounced differences of opinion among investigators as to the reliability of any method yet proposed for determining the actual vitamin A requirements."

On November 19, 1940, the judges met at Memphis and stated that "considerable progress in research with vitamin A has been made, principally along two main lines of endeavor. The fields showing most promise are those involving dark adaptation and blood serum studies. The judges feel that there is still too much uncertainty about the relative merits of several investigations to warrant making the award at this time. It was, therefore, agreed that the giving of the award be postponed until clear resolution of various factors is achieved."

* \$15,000 award for clinical investigation. There was also a \$5,000 award for laboratory investigation, which was awarded by the judges April 10, 1935, one-half to Dr. Karl E. Mason, Vanderbilt University, and one-half to Dr. S. B. Wolbach, Harvard University. Full information will be found in *The Journal of the American Medical Association*, January 30, 1932; May 12, 1934; April 27, 1935; October 23, 1937.

† The judges are: Isaac A. Abt, Northwestern University Medical School, Chicago; K. D. Blackfan, Harvard University Medical School, Boston; Alan Brown, University of Toronto, Toronto, Canada; Horton R. Casparis, Vanderbilt University, Nashville; S. W. Clausen, University of Rochester, Rochester, New York; H. F. Helmholtz, Mayo Clinic, Rochester, Minnesota; E. V. McCollum, Johns Hopkins University, Baltimore; L. T. Royster, University of Virginia, University, Virginia; Robert A. Strong, Tulane University, New Orleans, Louisiana.

The sum of \$15,000, called for by the main award, remains as a cash deposit in escrow with the Continental Illinois National Bank and Trust Company of Chicago, and will be paid immediately upon official notification of the judges' decision.

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The tuberculosis disease rate of medical and nursing personnel in modern tuberculosis sanatoria is generally lower than in hospitals not having a properly supervised tuberculosis department.—B. H. Wardrip, *Hospital Management*, December, 1939.

Advertisers in your OFFICIAL JOURNAL will appreciate requests for literature

Alphabetical List of ADVERTISERS

	PAGE
Acousticon Institute	36
Adams Springs	26
Alexander Sanatorium	40
Alum Rock Sanatorium	9
American Can Company	31
Arrowhead Springs Hotel and Spa	20
Barry Company, The James H.	45
Baxter, Inc., Don	11
Bolin, M. D., Zera E., Pathological Service	22
Borden Company, The	Third Cover
Broemmel's Pharmaceuticals	3
Butler Building	5
California Sanatorium	34
Calso Water Company	42
Camp and Company, S. H.	13
Ciba Pharmaceutical Products, Inc.	35
Classified Advertisements	12
Coca-Cola Company	3
Colfax School for the Tuberculous	48
Compton Sanitarium and Las Campanas Hospital	36
Cook County Graduate School of Medicine	9
Corn Products Refining Company	21
Crocker First National Bank	42
Cutter Laboratory	Fourth Cover
Doctors' Business Bureau	10
French Hospital	16
General Electric X-Ray Corporation	25
Green's Eye Hospital	Second Cover
Hittenberger Company, C. H.	8
Holland-Rantos Company, Inc.	39
Ingram Laboratories	48
Jenkel-Davidson Optical Company	15
King Ambulance Company	38
La Loma Feliz	12
Las Encinas Sanitarium	36
Lederle Laboratories, Inc.	23
Lilly & Company, Eli	32
Lincoln & Ulmer, Inc.	28
Livermore Sanitarium	14
Los Angeles Tumor Clinic	15
Luzier's, Inc.	38
M. & R. Dietetic Laboratories, Inc.	17
Mead Johnson and Company	37
Medical Protective Company, The	20
Morning Milk Company	1
National Association of Chewing Gum Manufacturers	46
Newhouse & Sayre, Inc.	38
New York Polyclinic Medical School and Hospital	9
Noble Placement Agency	12
Officers of the California Medical Association	2, 4, 6
Officers of Miscellaneous Medical Associations	6
Owl Drug Company, The	26
Parke, Davis & Company	19
Park Sanitarium	30
Petrolagar Laboratories, Inc.	29
Physicians' Casualty Association and Physicians' Health Association	22
Pottenger Sanatorium	34
Riedel-de Haen, Inc.	47
Riggs Optical Company	44
St. Francis Hospital	30
St. Luke's Hospital	35
St. Mary's Hospital	5
Sandoz Chemical Works, Inc.	Second Cover
Sanitube Company, The	40
Stacey, J. W., Inc.	15
Stearns & Co., Frederick	41
Stuart Oxygen Company	18
Summit Medical Building	15
Twin Pines	10
Upjohn Company, The	27
Vitamin Food Company, Inc.	24
Wilson Laboratories	47
Winthrop Chemical Company	43
Wyeth & Brother, Inc., John	7
Zweegman School for Medical Secretaries	12

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Psittacosis.—The New Jersey State Board of Health has enacted an amendment to the State Sanitary Code relating to the importation of birds of the psittacine family. This regulation, which became effective July 15, 1940, reads as follows:

"Regulation 49. Birds of psittacine family.

"No person, firm nor corporation shall import into the State of New Jersey any bird of the psittacine family, provided, however, that the importation of such birds for scientific research or for exhibition in public zoölogical gardens may be permitted, subject to the approval of the Director of Health of New Jersey.

"No person, firm nor corporation shall sell, offer for sale or give away, for exportation from New Jersey, any bird of the psittacine family which is sick or which has been in this state for a period of less than one month, or which has been exposed to a bird sick or affected with psittacosis."

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War's Hysteria Should Not Sway Authorities' Scientific Thought.—"In times of war, hysterical overenthusiasm should not influence the scientific thought of authorities," *The Journal of the American Medical Association* declares in an editorial pointing out the scientific unsoundness of "Vitamin Sweets," recently publicized by a British aid organization in New York.

"Publicity arising in this country dealing with problems of health in belligerent countries must consider the effect of such publicity on American citizens in the light of American ideals and standards," *The Journal* concludes in an editorial which says:

"On January 9, the publicity agency for the British American Ambulance Corps released a mimeographed news statement to the American press stating that tablets to be known as 'Vitamin Sweets' were being prepared in great quantities for shipment to England. According to information just obtained, the tablets of 'Vitamin Sweets' were to contain vitamin A 7,000 international units, vitamin B₁ 700 international units, riboflavin 4.6 milligrams, ascorbic acid 70 milligrams, vitamin D 700 international units, and sucrose with flavoring 21 grams, this amount to make one roll of fourteen tablets. The children of Great Britain, it was suggested, would receive six tablets daily. According to the newspaper release, these are all the vitamins necessary to prevent deficiency disease. It was stated that 'an adequate supply of these vitamins will prevent such symptoms as moodiness, sluggishness, fear, mental and physical fatigue as well as the ordinary deficiency diseases such as rickets, scurvy, beriberi, pellagra, cheilosis (sores around the mouth) and 'blackout blindness.'"

"Such claims are, of course, preposterous and far exceed those permitted by any recognized group having to do with vitamins, including the Council on Pharmacy and Chemistry and the Council on Foods and Nutrition (of the American Medical Association). Such publicity undoes much of

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the work of the Food and Drug Administration and of the Federal Trade Commission, which have been trying to keep claims for commercial vitamin preparations within reason. 'For \$8.55, 156 rolls of "Vitamin Sweets" sufficient for one child for a year may be purchased in this country for shipment to Britain,' according to a representative of the British American Ambulance Corps. Apparently some sincere, well-intentioned physicians approached the British Ministry of Health about the possibility that American friends of the British could supply sugar tablets containing vitamins. Sugar was rationed, the British people liked sugar, and vitamins, it was thought, would be more acceptable in this form. The Ministry of Health stated it was grateful for the offer. In the meantime, six American authorities in the field of nutrition consented to serve on the committee and to consider the plan; hence the publicity referring to the panel of six well-known physicians who had collaborated in devising a new formula with the advice and coöperation of the British minister of health. Unfortunately, according to available information, most of these physicians had not endorsed or been informed of the contents of the publicity sent out by the agency of the British American Ambulance Corps.

"In the release it was stated that 'a committee called "Vitamins for Britain" obtained the services of Dr. Philip

Newton, an expert in the pharmacologic blending of several vitamins, who worked out for us a method by which vitamins A, B₁, B₂, C, and D could all be incorporated in a flavored candy stick.' Concerning the identity of Doctor Newton, a telegraphic inquiry was sent to the British American Ambulance Corps. The reply verified that he is apparently the same Philip Newton who was described in *The Journal*, November 12, 1927, as the promoter of Matamel, a nostrum which had been puffed as a cure for Bright's disease, bladder trouble, and hypertrophy of the prostate. In 1926 he signed an agreement with the Post Office authorities, stipulating that the mail-order business operated by the Newton Laboratories would be discontinued and abandoned. Previously, the New York papers in August, 1924, had reported that Newton had been arraigned in the court of the city of New York on charges of violating a penal law which prohibits placing in newspapers advertisements relating to certain diseases.

"The Council on Foods and Nutrition has not adopted the proposal that vitamins be incorporated in 'sweets' as far as the American market is concerned. The plan proposed cannot be considered other than an experiment. The unwise propaganda might well lead to commercialism in this country of synthetic vitamins in so-called vitamin

(Continued on Page 12)

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(Continued from Page 10)

candy. Sufficient evidence of what might be the effect of vitamin D in diets low in calcium and phosphorus is not available. Likely the children may suffer from lack of food in general. The vitamin mixture is certainly not complete; it does not provide all the vitamins necessary to prevent deficiency diseases. As far as *The Journal* is aware there is no practical evidence of the stability of these tablets. There should be no implications that, by supplying vitamins alone, health may be maintained."

Eye Care During Convalescence.—Amusements that are restful to the eyes are best for convalescent children, Constance J. Foster, Great Neck, New York, suggests in *Hygeia, The Health Magazine*.

"During convalescence from any prolonged or serious sickness," she points out, "the eyes are weak and in need of special protection from strain. Yet this is the time when the child is frequently given books to read or amusements that require close visual application. It would be wiser to encourage periods of rest for the eyes by reading aloud to the child or providing him with projects that do not overtax the already weakened nerves and muscles of the eye."

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BOOK REVIEWS

BOOKS RECEIVED

Clinical Pellagra. By Seale Harris, M. D., Professor Emeritus of Medicine, University of Alabama, Birmingham, Alabama. Assisted by Seale Harris, Jr., M. D., Formerly Assistant Professor of Medicine, Vanderbilt University, Nashville, Tennessee. With Foreword by E. V. McCollum, Ph. D., Sc. D., LL. D., Professor of Biochemistry, School of Hygiene and Public Health, Baltimore, Maryland. Illustrated. Cloth. Pp. 494. Price, \$7. St. Louis: The C. V. Mosby Company, 1941.

Modern Drug Encyclopedia and Therapeutic Guide. Presenting descriptions of 11,114 modern, nonpharmacoepal, ethical medicinal preparations in 15,629 forms, comprising: 3,421 drugs and chemicals, 663 biologicals, 691 endocrines, 2,270 ampoule and 879 miscellaneous products. By Jacob Gutman, M. D., Phar. D., F. A. C. P., Director, Brooklyn Diagnostic Institute; Consulting Physician, Manhattan General Hospital, New York; the Riverdale, Shore Road, Williamsburg Maternity and Borough Park General Hospitals of Brooklyn. Formerly Professor of Materia Medica, College of Dentistry, University of State of New Jersey; Professor of Clinical Chemistry, Jersey City College of Pharmacy; Instructor of Medicine, New York Postgraduate Medical School and Hospital; Attending Physician, Wyckoff Heights Hospital and Unity Hospital. For the use of Physicians, Dentists, Pharmacists, and Medical Students. Cloth. Pp. 1644. Price, \$7. New York: New Modern Drugs, 1941.

How to Prevent Goiter. By Israel Bram, M. D., Medical Director, Bram Institute for Goiter and Other Glandular Disease. Formerly Instructor in Clinical Medicine, Jefferson Medical College, Philadelphia; Fellow of the American Medical Association, etc. Cloth. Pp. 182. Price, \$2. New York: E. P. Dutton & Co., Inc., 1941.

A Textbook of Clinical Neurology. By J. M. Nielsen, B. S., M. D., F. A. C. P., Associate Clinical Professor of Medicine (Neurology), University of Southern California; Senior Attending Physician (Neurology), Los Angeles County General Hospital; Attending Neurologist, Hospital of the Good Samaritan, Los Angeles, California. With 179 illustrations. Cloth. Pp. 672. Price, \$6.50. New York and London: Paul B. Hoeber, Inc., Medical Book Department of Harper and Brothers, 1941.

A History of Medicine. By Arturo Castiglioni, M. D., Formerly Professor at the University of Padua, Research Associate in the History of Medicine at Yale University. Translated from the Italian and edited by E. B. Krumbhaar, M. D., Ph. D., Honorary President of the American Association of the History of Medicine. Cloth. Pp. 1013. Price, \$8.50. New York: Alfred A. Knopf, 1941.

Vitamin Therapy in General Practice. By Edgar S. Gordon, M. D., M. A., Associate in Medicine and Instructor in Physiological Chemistry, University of Wisconsin, and Elmer L. Sevringhaus, M. D., F. A. C. P., Professor of Medicine, University of Wisconsin; Editor, Department of Endocrinology, The Year Book of Neurology, Psychiatry, and Endocrinology. Cloth. Pp. 258. Chicago, Illinois: The Year Book Publishers, Inc., 304 South Dearborn Street.

The 1940 Year Book of Public Health. Edited by J. C. Geiger, M. D., Dr. P. H., Director of Public Health, City and County of San Francisco, Clinical Professor of Epidemiology, University of California. Cloth. Pp. 560. Chicago: The Year Book Publishers, Inc., 304 North Dearborn Street.

BOOK REVIEWS

Obstetrical Manikin Practice. By Lyle G. McNeile, M. D., Professor of Obstetrics and Gynecology, University of Southern California School of Medicine; Senior Attending Obstetrician, Los Angeles County General Hospital; Director, Los Angeles Maternity Service. Cloth. Pp. 111. Price, \$2. Baltimore: The Williams & Wilkins Company, 1939.

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"Obstetrical Manikin Practice" is written in outline form to serve as a plan of study and reference for student instruction in the mechanism of labor. The new classification of the female pelvis, based on the studies of Caldwell and Moley, is concisely presented, correlating the accepted mechanism of labor in the various fetal positions with their findings on roentgenologic studies.

The technique of operative obstetrics is equally well outlined, discussing forceps and version operations and the abnormal presentations and contracted pelvis.

Although primarily written as a text, the book offers an excellent review of practical obstetric procedures and should be of value to the practitioner as well as the medical student.

The Vaginal Diaphragm. Its Fitting and Use in Contraceptive Technique. By LeMon Clark, M. S., M. D., Chicago. Author of "Sex Education" and "Emotional Adjustment in Marriage." Cloth. Pp. 107, illustrated. Price, \$2. St. Louis: The C. V. Mosby Company, 1939.

The monograph is a detailed description of one method of contraception, the combination of vaginal diaphragm and the contraceptive jelly. The book of 106 pages is quickly read. It thoroughly discusses the manner in which the patient is instructed by the physician.

The technique of fitting the diaphragm, the size and type to use, depending upon the anatomical relationships, is fully outlined, with accompanying diagrams and illustrations. Contraindications to the use of this method and probable causes of failure are stressed. The aim of the author in outlining the technique to eliminate failures due to carelessness or misunderstanding is well attained.

Clinical Roentgenology of the Alimentary Tract. By Jacob Buckstein, M. D., Visiting Roentgenologist (Alimentary Tract Division, Bellevue Hospital, New York City. Consultant in Gastro-enterology, Central Islip Hospital). Cloth. Pp. 652, with 525 original illustrations. Price, \$10. Philadelphia: W. B. Saunders Company, 1940.

The author states that in writing this book an effort has been made to keep the point of view of the roentgenologist and the gastro-enterologist in mind, also the needs of the internist and surgeon, and particularly the needs of the

(Continued on Next Page)

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BOOK REVIEWS

(Continued from Preceding Page)

general practitioner. This obviously is a difficult task and could hardly be expected of a single volume. Nevertheless, it does seem that he has succeeded in accomplishing his aim very well.

From the radiologist's point of view there are many valuable suggestions, and of particular interest is the correlation of the x-ray findings with the clinical and pathologic findings, supplemented with case histories and many excellent illustrations. It should aid the general practitioner to better evaluate the roentgen diagnosis of the gastrointestinal tract and those so situated that they must make their own examinations will find it very helpful, but it will not make roentgenologists of them.—William H. Sargent.

Essentials of Fevers. By Gerald E. Breen, M.D., Ch. B. (N. U. I. Dublin), D. P. H., D. O. M. S. (R. C. P. London, R. C. S. England); Senior Assistant Medical Officer, the Brook Hospital, London; Late Senior Assistant Medical Officer, the North-Eastern Hospital, the Southeastern Hospital, and the Northern Hospital (L. C. C. Infectious Hospitals Service); Examiner in Fevers to the General Nursing Council of England and Wales. Cloth. Pp. 274. Price, \$3. Baltimore: The Williams & Wilkins Company, 1939.

This is an excellent volume which would be very satisfactory as a reference, both for practitioners and for students of medicine. It comprises general discussion of infectious diseases, immunity, and epidemiology. There is also a brief but quite comprehensive description of the salient features of the common acute infectious diseases. This includes a brief discussion of the symptoms, diagnostic criteria, and treatment.

The Principles and Practice of Obstetrics. By Joseph B. DeLee, A. M., M. D., Professor of Obstetrics and Gynecology, University of Chicago; Consultant in

Obstetrics, Chicago Lying-In Hospital and Dispensary, Consultant in Obstetrics, Chicago Maternity Center. Seventh edition, entirely reset. Cloth. Pp. 1,211, with 1,277 illustrations on 985 figures, 271 of them in colors. Price, \$12 net. Philadelphia: W. B. Saunders Company, 1938.

This latest edition of Doctor DeLee's recognized, standard textbook has been brought up to date with several additions. He has stressed the physics of the uterus in relationship to its nerve supply; the various endocrines and their actions during pregnancy; the vitamins and their rôle in the pregnant woman; the use of sulphanilamide in puerperal infections, especially to urge caution in its use; and x-ray pelvimetry, for the first time, has been given some attention. Finally, the addition of a "Brief Obstetric Chronology" and several photographs of men who made marked contributions to obstetrics is a nice touch of interest and value.

Cutaneous Cancer and Precancer. A Practical Monograph. By George M. Mackee, M.D., Professor of Clinical Dermatology and Syphilology and Director of Skin and Cancer Unit, New York Postgraduate Medical School and Hospital, Columbia University, and Anthony C. Cipollaro, M.D., Associate in Dermatology, Skin and Cancer Unit, New York Postgraduate Medical School and Hospital, Columbia University. Cloth. Pp. 222, with a foreword by Francis Carter Wood, M.D., and 245 illustrations. Price, \$3.75. New York: The American Journal of Cancer, 1937.

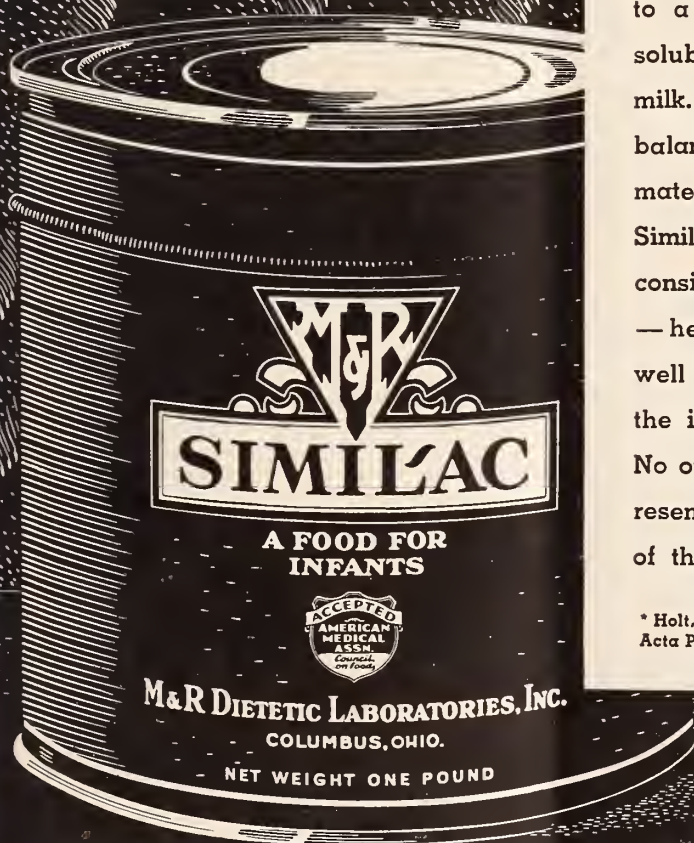
This monograph by Doctors Mackee and Cipollaro is invaluable. In Chapter One the authors show that in approximately 6 per cent of deaths due to cancer the lesion originates in the skin or in the oral membranes. The remainder of the book shows how the mortality from this group of accessible cancers can be reduced.

(Continued on Page 18)

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Acta Paediatrica Vol. 16, 1933

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BOOK REVIEWS

(Continued from Page 16)

In Chapter Two the authors have listed the precancerous dermatoses clearly and concisely. Every physician should be familiar with the chapter in which the authors describe lesions which in their clinical experience have proved to be potentially cancerous. The concise descriptions of the nineteen precancerous dermatoses are illustrated by clinical photographs of typical lesions, which should be useful to physicians in the early diagnosis of dangerous and often neglected diseases. The mortality from cancer would be greatly reduced if the danger signs were recognized early and proper treatment were instituted. It is this chapter that warrants distribution of this book to all physicians without regard to their specialty. The reduction in the mortality of accessible cancer is a grave responsibility for the medical profession, and the authors have given in this chapter much valuable assistance to physicians.

Chapter Three, on carcinoma and sarcoma, gives excellent descriptions and illustrations of malignant growths as they are seen clinically. There is nothing controversial in the classification or in the discussion of causes of malignant lesions. If, however, the reader is interested in pursuing any particular condition covered in this chapter or in Chapter Two, he has only to turn to the bibliography, which contains references to 144 well-chosen articles pertinent to Chapter Two and 162 references pertinent to Chapter Three.

The recognized therapeutic methods are briefly reviewed in Chapter Four. This discussion, with twenty-nine references, should guide the experienced operator in the choice of a method for handling any condition described.

The monograph contains 212 pages, of which about half are taken up with selected photographs, clinical and microscopic. Too much praise cannot be given these well-selected illustrations, and praise should be given to the Lancaster Press, Inc., for the excellent reproduction of the photographs, the type, the paper, and the whole makeup of the book.

Injuries of the Skull, Brain, and Spinal Cord. Neuro-psychiatric, Surgical, and Medico-Legal Aspects. Contributors: Bernard J. Alpers, Abram Blau, Karl M.

Bowman, Samuel Brock, Jefferson Browder, Bronson Crothers, Leo M. Davidoff, Thomas K. Davis, Charles Davison, Cornelius G. Dyke, Charles A. Elsberg, A. R. Elvidge, E. D. Friedman, Francis C. Grant, I. S. Wechsler, Clarence C. Hare, George B. Hassin, Moses Keschner, Max M. Peet, W. Ritchie Russell, Paul Schilder, C. P. Symonds. Edited by Samuel Brock, New York University. Price, \$7. Baltimore: The Williams & Wilkins Company, 1940.

This book is designed to afford reference information on injuries of the central nervous system. Its text is of unusual value to physicians in general practice, industrial practice, and those who come in frequent contact with the medical-legal phase of traumatic injuries to the brain and spinal cord.

The book is composed of monographs written by able neurosurgeons, neurologists, psychiatrists, and roentgenologists. A very large subject has been condensed to a practical working basis. Each chapter is a monograph which includes the etiology, pathology, diagnosis, complications, and treatment of a particular type of injury to the brain or spinal cord. The book also includes chapters dealing with the traumatic neuroses and others concerned with the medical-legal aspect of head and back injuries.—Lester B. Lawrence.

TWENTY-FIVE YEARS AGO

(Continued from Text Page 100)

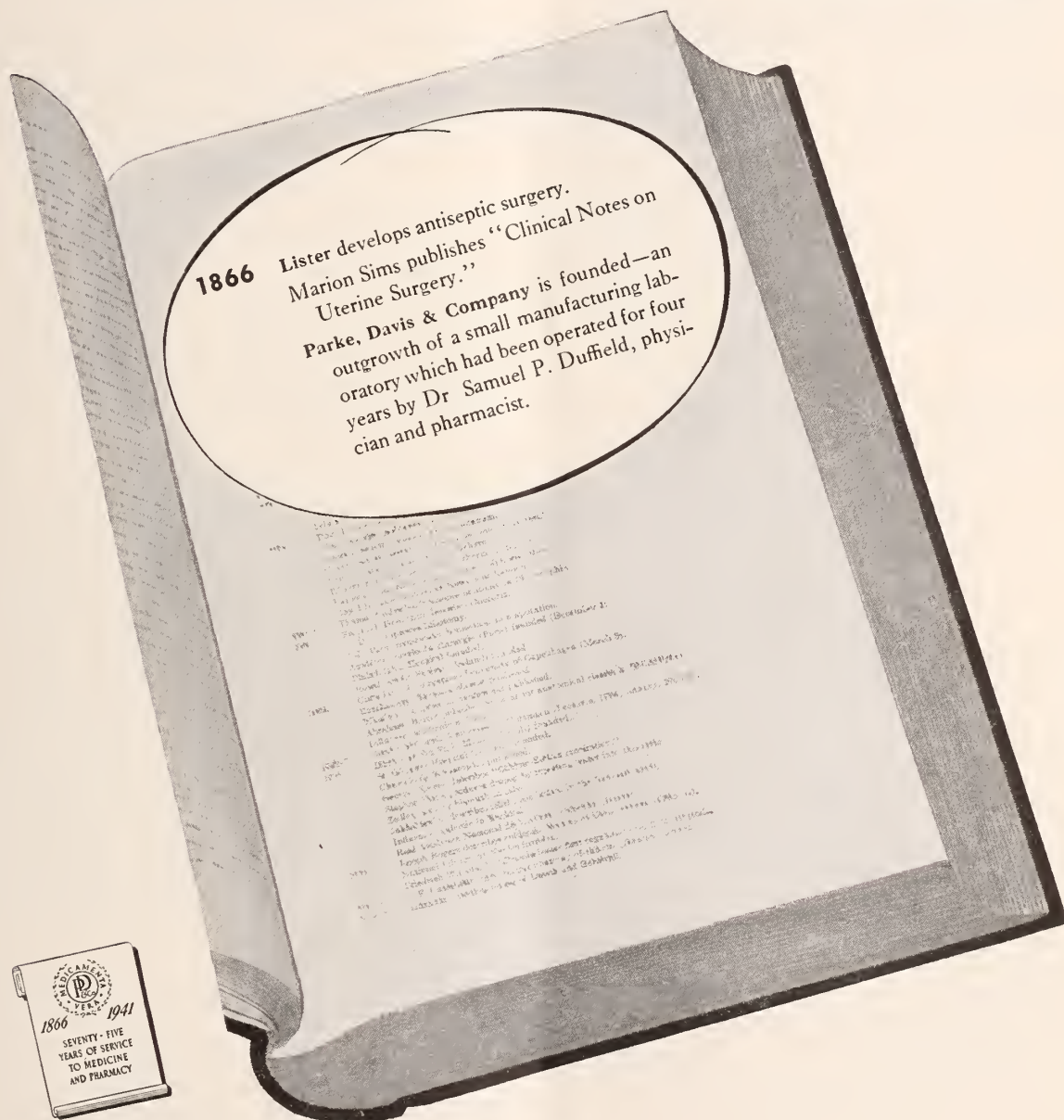
Social Insurance.—A bill for state health insurance is to be introduced into the New York legislature this month through the efforts of the American Association for Labor Legislation. This bill provides that all manual workers and all others earning less than \$100 a month shall be insured and that the cost of insurance is to be divided between employer, worker, and state. The insurance will provide each workman with medical attention, including hospital and nursing care and the necessary medicines and surgical appliances, and with a cash benefit equal to two-thirds of

(Continued on Page 20)

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TWENTY-FIVE YEARS AGO

(Continued from Page 18)

wages for a maximum of twenty-six weeks in a year. The bill offers an insured woman obstetrical aid at her confinement, and offers the family a small funeral benefit should the wage-earner die. The insurance is to be carried through mutual associations of employers and employees under state supervision.

♦ ♦ ♦

Military-Medical Preparedness.—In the scheme of military preparedness and enlarging of our army, it must be urged that amplification of the medical corps is of the greatest importance. The Southern Medical Association at a recent meeting passed resolutions memorializing Congress on this matter, and the President of the American Medical Association, Doctor Rodman, has urgently requested that all physicians advise their Senators and Congressmen upon this point. It can be admitted that even in these stirring times of peace, our army is under the handicap—among others—of a too small medical corps, and should any trouble arise it would be acutely felt. Now is the time, with the enlargement of our military, to see to it that the army is supplied with a medical corps of sufficient size to properly care for the men. Your personal assistance in this matter is requested.

♦ ♦ ♦

What We Should Know.—The following very important statement of a number of essential things which we should know, and not forget, in connection with the Industrial Accident Law, is very gladly printed. Also, on another page, will be found an abstract of the report of the Commission which contains much matter of interest. Very soon we shall have sickness insurance also, and we might as well get used to learning about these things first as last. . . .

Dr. Hugh Cabot in *American Magazine* says:
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From an Original Article on "Traumatism of the Brain," by Alanson Weeks, M.D., San Francisco.—In discussing traumatism of the brain, it would be well to keep in mind a few simple facts relating to the anatomy, physiology and pathology of this organ. It is made up of the most delicate tissue, and is most richly supplied with blood. Because of the softness of the tissue, the blood vessels themselves have very little support. It is surrounded by an inelastic membrane, which is again surrounded by bone. When it is injured, it has very little opportunity to give in any direction for the relief of the following edema, except only the removing from the brain cavity the cerebrospinal fluid and the blood in the blood vessels. When one remembers the vital centers protected so well by the skull but so feebly by the tissue of the brain, the symptoms seen in cases of injury are readily understood, but with equal difficulty interpreted. . . .

From an Original Article on "Anoci-Association: A Plea for the Surgical Patient," by A. B. Cooke, M.D., Los Angeles.—It is not my purpose on this occasion to discuss the theories upon which anoci-association is based, attractive and interesting though they are, nor to trespass upon your time with an unnecessary description of technique; but with the patient and the patient's welfare for our themes, to show you, if I may, the practical advantages which the method has to offer.

The biggest words in the vocabulary of the conscientious surgeon, without a doubt, are the safety and comfort of his patients. Dexterity is a gift which all may not possess. Speed in operating may be acquired by cultivation and is desirable enough, provided it does not involve a greater loss than gain. But the thing of supreme importance is that no patient shall be exposed to any danger possible to be avoided. . . .

(Continued on Page 22)

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TWENTY-FIVE YEARS AGO

(Continued from Page 20)

From an Original Article on "Leukopenia: Its Relation to Orchitis," by Joseph H. Catton, M. D., San Francisco.—This communication suggests that hematogenous infection of the testes is practically always due to organisms which tend to produce a relative or an absolute reduction in the number of polynuclear leukocytes. It considers: (a) the infectious etiology of orchitis; (b) the leukocyte pictures present in these infections; and (c) the relation between the leukocyte picture and the liability to orchitis.

An organism may reach the testes by extension or through the blood stream. Gonorrheal orchitis results from the former method. This paper will consider the hematogenous infections.

Etiology of Orchitis.—The most common and most widely recognized infectious cause of orchitis is mumps. Ballenger and Ruhrah call it the chief cause, numerous others mention it, and Dukes, Higgins and others have reported specific cases. The orchitis, although it usually follows the parotitis, may precede or replace it. . . .

From an Original Article on "Is Rabies Under Control in California?" by J. C. Geiger, M. D., San Francisco.—The results shown in the following table are based upon records of the laboratory of the Bureau of Communicable Diseases of the California State Board of Health. An accompanying table shows the number of examinations, by months, of brains proved positive for rabies by microscopical examination and animal inoculation.

A glance at the table will serve to indicate the steady decrease in the number of examinations for the year 1915 up to date. . . .

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From an Original Article on "Criminal Abortions and the Medical Profession," by Charles D. Ball, M. D., Santa Ana.—"What would you consider your duty when called to a case of curettage and found it to be criminal abortion?"

This question was asked the candidates for the R. N. certificate by the State Board of Health in the recent October examinations. How would the individual members of the Society answer that question? Unless their answers belied their actions, many would reply: "I would give the woman the full benefit of my skill and there my responsibility would end." I wonder if any of the nurses made such a reply and how such a reply would be received.

Today criminal abortion is the most vital problem that confronts our republic; in fact, it beggars all others combined. De Lee, in the *Practical Medicine Series*, 1912, Vol. 5, quotes Jackson as saying that there are annually in the State of Maine fifty thousand criminal abortions. If this be true and Maine is a fair average, there are at least five million criminal abortions in this country every year. . . .

From an Original Article on "The Physician and the Adoption Law in the State of California," by Stuart A. Queen.—Nearly every physician has had at one time or another a maternity case where the mother for some reason felt that she could not retain her child. Sometimes the woman has been deserted by her husband. In other cases he is unable to work. Again she may not be married at all. In any case she must go out to work and cannot care for the baby, or earns too little to pay her baby's board and her own. In such a case what is more natural than for her to ask the physician to respond to her appeal. Somewhere in his practice he has found people who want to adopt a young child. He puts them in touch with the unfortunate

(Continued on Page 24)

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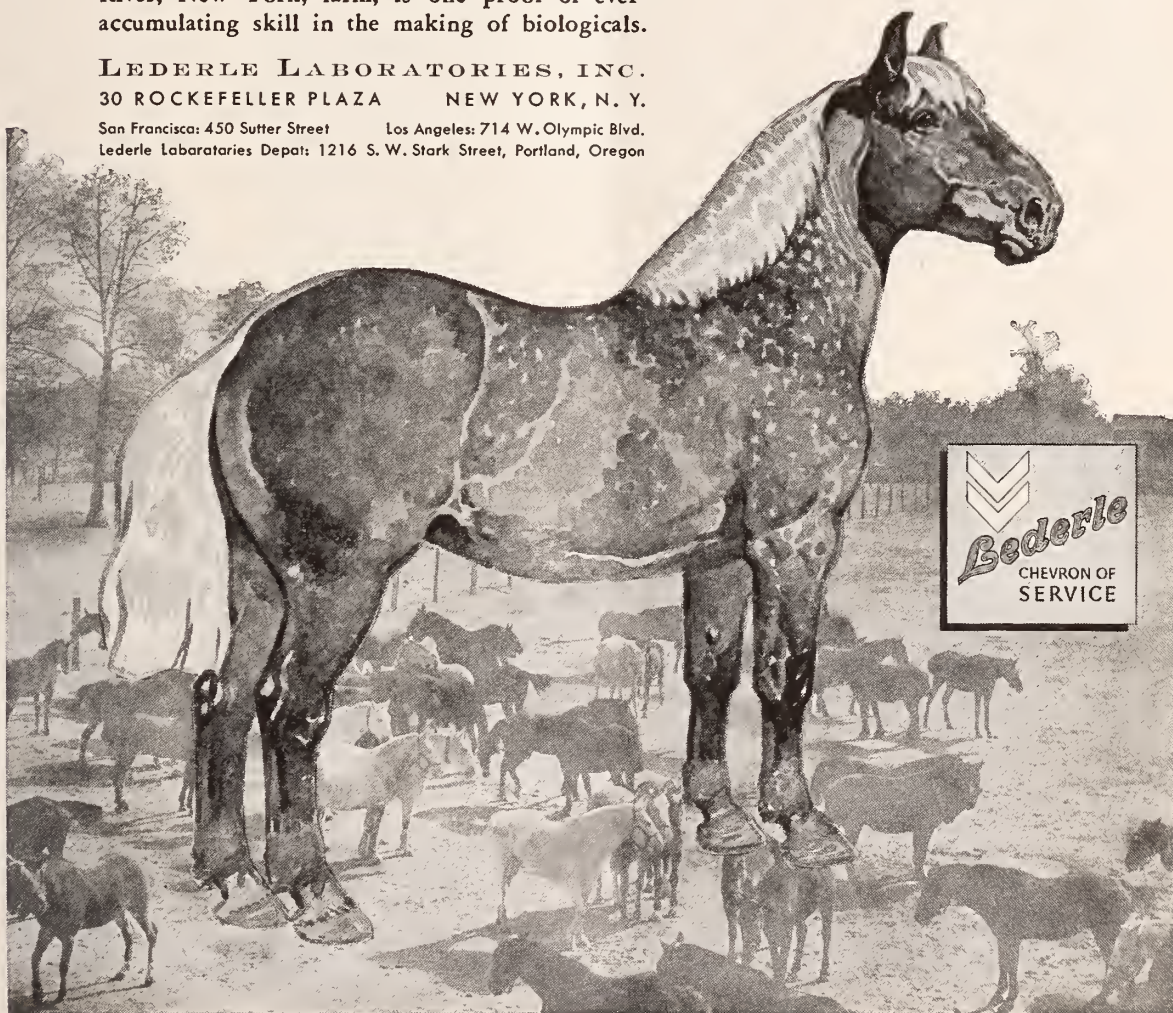
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TWENTY-FIVE YEARS AGO

(Continued from Page 22)

mother. They secure custody of the baby either by formal relinquishment or by waiting for a year to elapse.

State Society Meeting—Fresno.—Minutes of the meeting of the General Committee [of the Fresno County Medical Society] in charge of arrangements and entertainment of the State Medical Society at Fresno, April, 1916.

Committee: Doctors George H. Aiken, D. H. Trowbridge, J. R. Walker, T. M. Hayden, Kenneth J. Staniford, L. R. Willson, Harry J. Craycroft.

Upon the suggestion of Doctor Aiken, it was moved, seconded and carried that three subcommittees be created with such duties as are implied by their respective titles and together with such other duties as the chairman may deem necessary or advisable to assign to them from time to time. The following subcommittees were accordingly created:

1. Committee on Ways and Means;
2. Committee on Entertainment; and
3. Committee on Printing and Communications.

Each of these subcommittees is to report at every meeting of the general committee; and the general committee, in turn, to report all transactions and progress at each regular meeting of the county society. . . .

Excerpts from Proceedings of the San Francisco County Medical Society: Annual Meeting—From the Presidential Address by Herbert C. Moffitt, M. D.—It is a privilege of your retiring president to give the Society his views, more or less personal, of policies affecting the San Francisco

County Medical Society and the profession at large. My predecessor, Doctor O'Neill, has had some of his valuable suggestions embodied this year in the constitution and by-laws recently adopted by the Society. From the reports of the Executive Committee and the Secretary you will learn of work that has been done and of plans that have not yet matured. Any discussion of the future of this Society, as of any collection of medical men, must be based upon a realization of certain tendencies in medicine, and certain forces in society which are leading to a readjustment of the physician's activities in the community.

The man of ancient medicine spoke with the authority of a philosopher and priest as well as physician. In the Middle Ages, with the decline of medicine, ignorance and mysticism deservedly weakened his position. In both epochs, however, his relation to his patient was a personal, intimate one—service to the individual was everything, service to the community hardly recognized. With the development of scientific medicine, with the work of Pasteur, and the study of infectious diseases, new problems of preventive medicine and sanitation demanded the help of the physician in their solution. The community, the individual, and the physician have all benefited by the change.

We have learned more fully that there are many things in medicine besides the giving of drugs; we have realized that our duties do not end with prescribing for the patient; we have been convinced that, even with the individual, community of service is demanded by his best interests. Socialism in place of individualism tends to dominate certain branches of medicine. There is danger in this changed relation of doctor and patient of losing the great power for good of the personal factor in medicine, of losing touch with the old art and craft of the profession, of losing sight of the physical as well as the physical forces which make for the best healing. . . .

(Continued on Page 26)

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the kidney output is greatly increased, and there is marked drainage of bile from the gall bladder and liver.

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TWENTY-FIVE YEARS AGO

(Continued from Page 24)

There is danger, also, in the rapid rush of modern events of being hurried to extremes, or whirled on aimless tangents. . . .

There is danger that specialism may narrow so far as to obstruct clear view of our profession into its fields of individual and public effort. . . .

Fortunately, with all the faults inherent in its members as sons of men, the medical profession has clung fast to certain high principles and ideals. . . .

How can we best raise the standards of our local profession, make of its members wiser and saner men, increase its usefulness to medicine and the community?

1. I think it is absolutely necessary to have a suitable dignified home for the Society. Not a few rooms in an



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office building, but a home. Suitable accommodations should be provided for general meetings and for special meetings and demonstrations, as well as for our growing library.

2. I would advocate greater centralization of effort among medical men of the city. All good men in the profession should be brought into the Society. . . .

3. I would suggest that we have more general meetings of the Society. Meetings of specialists could be held in different rooms, or at different times, or in connection with the general meetings. . . .

4. Meetings with civic or other bodies interested in public welfare and in public health should, if possible, be arranged. . . .

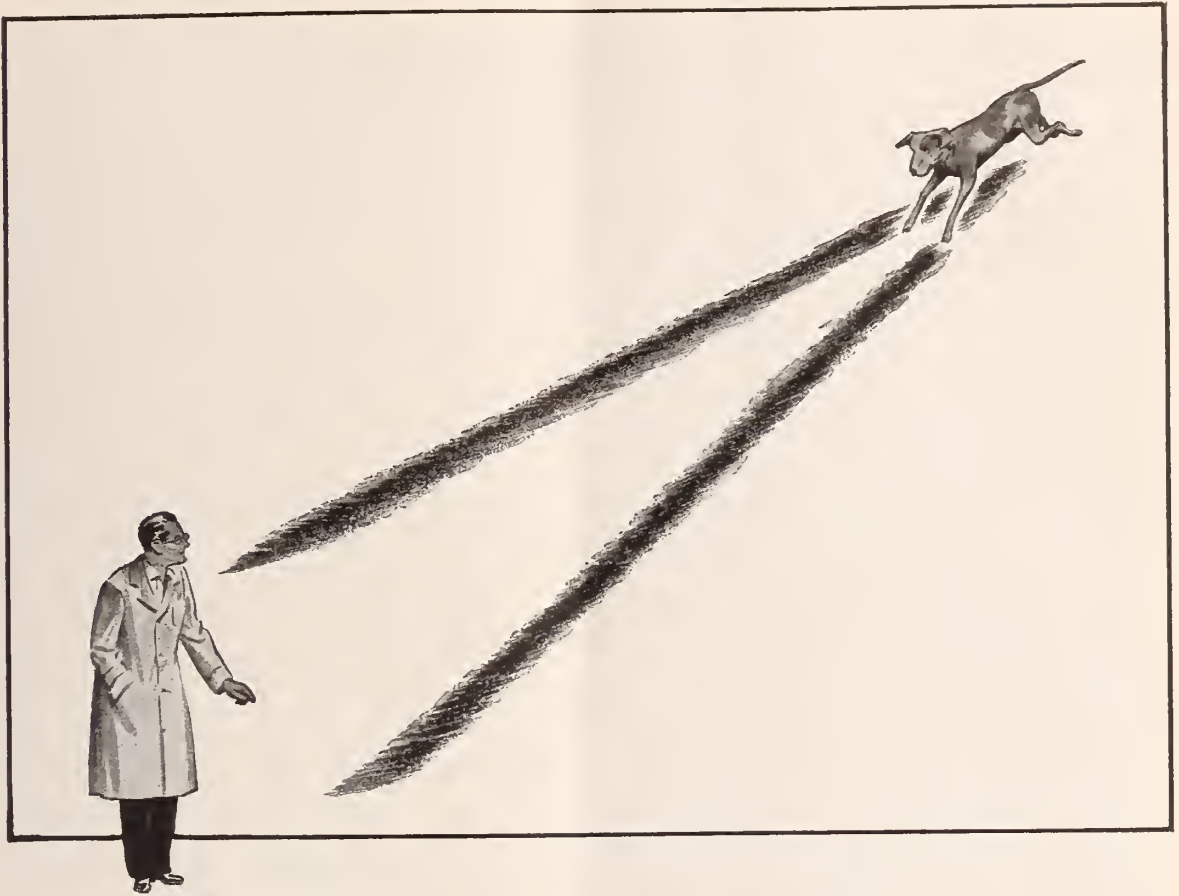
There may be a possibility under my able successor of meeting our material needs. Is there not also a possibility of some adjustment of personal differences, of the abolition of unkindly criticism and gossip, of some union of effort for the advancement of the dignity and usefulness of our profession, and for the establishment of some authoritative standard of medicine in our midst? . . .

Report of the Milk Commission.—The Milk Commission of the San Francisco County Medical Society consists of Dr. Adelaide Brown, President; Dr. E. C. Fleischer, Secretary; and Doctors Blum, Gibbons, Yerington, and Mr. Nathan Moran. Since December, 1914, eleven regular meetings have been held. At one meeting no quorum was present.

The Factor of Poverty in Sanitation.—The factor of poverty in sanitary problems was discussed in Washington, November 26, by Surgeon-General William C. Gorgas.

(Continued on Page 28)

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The Conquest of Pellagra

In the annals of medical science few discoveries have been more notable than that of the dramatic role nicotinic acid plays in the treatment of pellagra.

Although earlier research workers had devoted much effort to the problem, it was Dr. Joseph Goldberger and Dr. W. H. Sebrell who, in 1930, supplied the necessary clue by their discovery of the beneficial effect of liver therapy in this deficiency disease.

Thereafter progress was rapid on several fronts, with major credit for the final victory due largely to Dr. C. A. Elvehjem for his identification of nicotinic acid or nicotinic acid amide with the black-tongue preventive factor. It was his

patient, tireless work with great batches of liver extract that narrowed the search to the few vital crystals which proved to be nicotinic acid. He and his co-workers at the University of Wisconsin—Madden, Strong, and Woolley—fed a few of these crystals to a mongrel dog suffering from black-tongue. In less than a day the symptoms had begun to disappear. Thereafter it remained for Dr. T. D. Spies in Birmingham, Alabama, and others to apply nicotinic acid to his clinical work on humans, with what result the world knows.

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DR.....

ADDRESS.....

TWENTY-FIVE YEARS AGO

(Continued from Page 26)

whose success in cleaning up Havana and the Panama Canal zone have brought him recognition as America's leading sanitarian. His audience was the Clinical Society of Surgeons, assembled in their twenty-fourth annual meeting. Doctor Gorgas said, in part:

"Such sanitary work as is necessary in the tropics is inexpensive, but measures directed against special disease are not the greatest good that can be accomplished by sanitation.

"Before these great results that we can all now see are possible for the sanitarian, we shall have to alleviate more or less the poverty at present existing in all civilized communities. Poverty is the greatest of all breeders of disease and the stone wall against which every sanitarian must finally impinge.

"During the last ten years of my sanitary work, I have thought much of this subject. Of what practical measure could the modern sanitarian avail himself to alleviate the poverty of that class of our population which most needs sanitation? It is evident that this poverty is principally due to low wages; that low wages in modern communities are principally due to the fact that there are many more men competing for work than there are jobs to divide among these men. To alleviate this poverty two methods are possible: either a measure directed toward decreasing the number of men competing for jobs, or, on the other hand, measures directed toward increasing the number of jobs. . . .

Indigent Tuberculosics—Excerpts from a Resolution:

WHEREAS, The death rate from tuberculosis in California and other southwestern states is very large, reach-

ing, for example, the rate of 362.5 per hundred thousand population in one county of California and a corresponding rate of 192.5 for the state as a whole; and

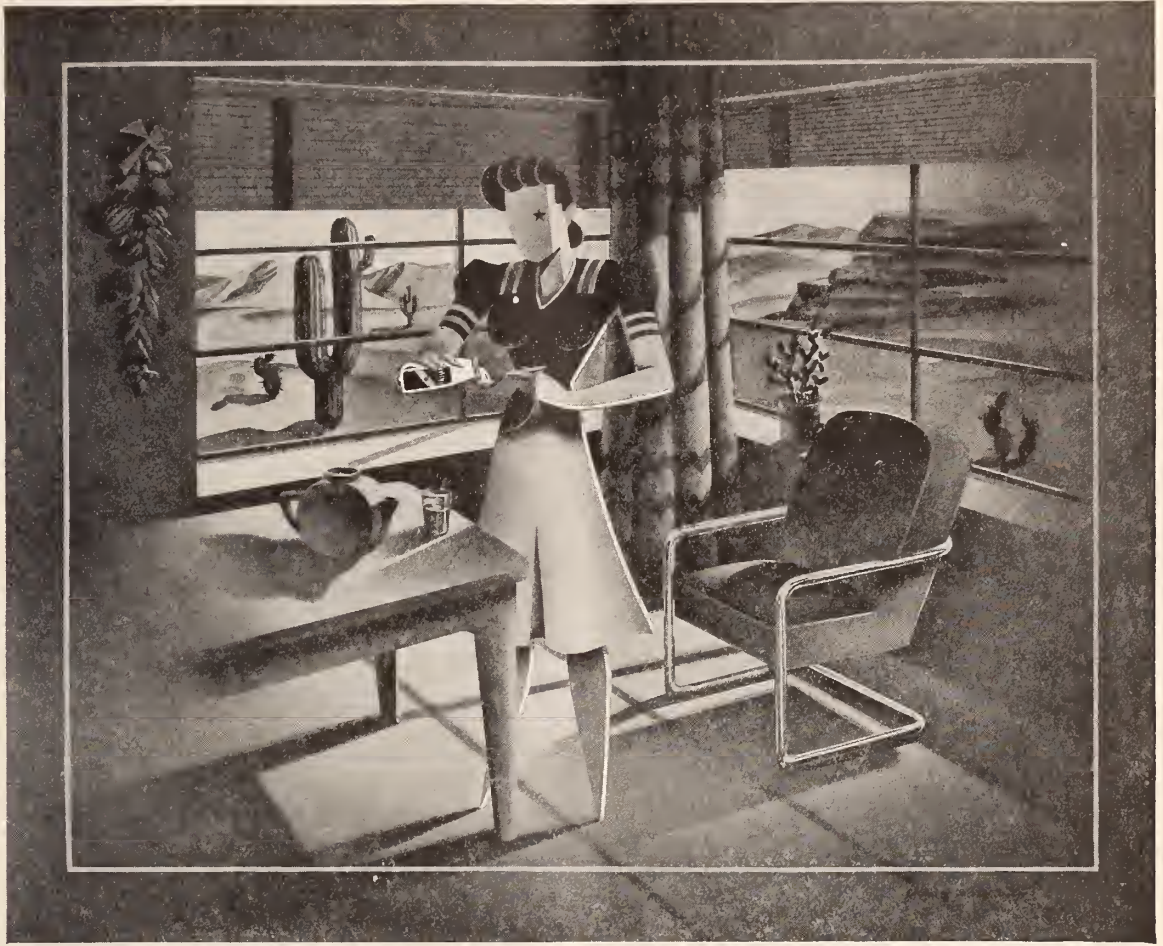
WHEREAS, This high death rate is largely due to the influx, from all the other states of the union, of tuberculous patients, who are, most of them, in advanced stages of the disease and financially unable to provide proper care for themselves; and who, therefore, wander from county to county, unable to exercise proper precautions to prevent infecting others; . . .

Resolved, That the California State Board of Health endorses the Federal Bill which will provide for the payment of a subsidy to hospitals maintaining standards of equipment, diet and care established by the United States Public Health Service, and caring for tuberculous patients who are not residents. . . .

Report of Industrial Accident Commission.—On December 1, the California Industrial Accident Commission reported to Governor Hiram W. Johnson its transactions for the fiscal year ending June 30, 1915. This report covers the Department of Compensation, Insurance and Safety, with their allied sections, and is accompanied by a full statistical report of the 62,211 industrial accidents that occurred in California during 1914. These accidents were divided as follows: deaths, 678; permanent injuries, 1,292; temporary injuries, 60,241. . . .

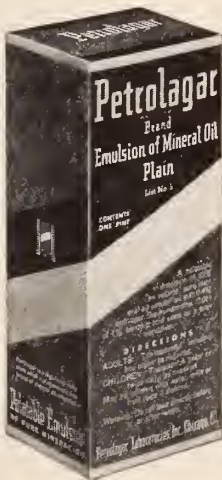
Splendid Record of State Compensation Insurance Fund. The success of the State Compensation Insurance Fund has been noteworthy. At the close of the first year (1914) the fund had written \$547,161.24 in net compensation in-

(Continued on Page 30)



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TWENTY-FIVE YEARS AGO

(Continued from Page 28)

surance premiums, or approximately \$144,000,000 in excess of the writings of its nearest competitor. A refund to policyholders of 15 per cent of earned premiums was allowed as policies expired and actual pay-roll expenditures of insured employers were ascertained. The total amount of this refund was approximately \$75,000. It is estimated that an additional refund of 28 per cent will be returned to policyholders, or a total dividend of 43 per cent. At the end of the first year (1914) the rate schedule was readjusted, resulting in an average reduction of 10 per cent. . . .

BOARD OF MEDICAL EXAMINERS

(Continued from Text Page 100)

Chivers, owner of a Baldwin Park sanitarium for mental cases, and Walter T. Gleeson, Los Angeles process server. . . . Doctor Bennett was charged with striking Mrs. Chivers and Gleeson with a hammer wrapped in newspaper when Gleeson attempted to serve a small-claims judgment for \$50 on Doctor Bennett. . . ." (Los Angeles Herald-Express, December 31, 1940.) No record of anyone named Dr. Ralph C. Bennett is found in the office of the Board of Medical Examiners, nor is his name shown in the 1940 American Medical Association directory.

"District Attorney Ernest S. Brown and Sheriff Ray J. Root will leave here tonight for Oakland, California, to continue their investigation of an alleged illegal operation ring which was uncovered in Reno this week, it was announced today. . . . An investigation is also being con-

ducted concerning the circumstances under which an elaborate suite of offices in a large Reno business building were leased to the ring several weeks ago. According to an Associated Press dispatch from Oakland this morning, a continuance until December 14 was granted today in the case of Dr. Lewis A. Stuck when he appeared in police court on a fugitive warrant in connection with the investigation. The fugitive warrant was issued by Oakland police at the request of Reno authorities. Doctor Stuck posted \$500 bond. Phil Solon, attorney for the Oakland physician, said he would prove that Doctor Stuck had not been in Nevada the past five months. He said he believed another doctor was using Doctor Stuck's name." (Reno, Nevada, Gazette, November 23, 1940.)

"Henry Newson, asserted La Habra Cultist, today was ordered held for trial before a jury on January 15 for violation of the State Medical Practice Act. W. N. Anderson, special prosecuting agent for the State Board of Medical Examiners, opened up the case of the late Charles Hill. Bail of \$500 was posted. Hill, an Anaheim man, died last autumn after having been one of Newson's 'students,' it was brought out. . . . Newson represents what is known as the Science of Characteristics, whose curative powers are said to be derived by interpretation of the manner in which letters in words and names are associated. . . . 'This science of Characteristics,' said Mr. Anderson, 'has no connection with any religious organization of any kind. . . . This investigation was prompted by the death of Hill, and we have learned that in many other cases this cult has actually been the cause of serious illness among cult members in their hopeless attempt to reconcile a mystic arrange-

(Continued in Back Advertising Section, Page 34)

ADVANCES IN CANNING TECHNOLOGY

II. Development of the Tin Container

● Appert, discoverer of canning, did not know the reasons why his procedure for food preservation was successful. He clearly recognized, however, that his containers must be so constructed and sealed as to prevent contact of the food therein with air, after heat processing. Today we know that this is necessary to prevent re-infection of the food with air-borne, spoilage micro-organisms.

As containers, Appert suggested glass containers sealed by corks; the reason given is that glass is the "matter most impenetrable by air" (1). In 1810, one year after Appert's discovery was announced, Peter Durand, an Englishman, patented a procedure very similar to Appert's, which covered the use of a variety of containers, among them "vessels of tin (tin-plated iron)." From that time forward, the use of tin-plated containers rapidly progressed.

Commercial canning began in America about 1819. In 1825, Kensett and Daggett, two pioneers of canning in this country, received an American patent covering the use of tin-plated containers. Shortly thereafter, the name "tin can" was coined from the abbreviation of the formal name, "tin cannisters."

The story of the development of the tin can in America is an absorbing one which has been related in more detail elsewhere (2, 3, 4). By the time of the war between the States, the "hole and cap" type of can had been evolved. About 1890, can-making machinery was introduced to replace the

older hand-manufacturing operations whereby a skilled artisan could produce about 6 cans per hour. Modern can-manufacturing lines operate at speeds as high as 350 cans per minute.

The first three decades of the current century witnessed the development of machinery to make the modern type or "sanitary style" can now universally used for fruits, vegetables, and a wide variety of other products. The past ten years have brought vast improvements in the tin plate from which cans are made. Not long ago, almost any type of sheet steel was considered satisfactory. Today plate for cans must comply with rigid physical and chemical specifications established by the Research Laboratory of the can manufacturer.

As far as can be determined, tin containers were first introduced to avoid breakage which was experienced with the glass containers proposed by Appert. The other desirable characters of the tin container for foods were not fully appreciated at first; among these advantages should be mentioned its rapid rate of heat transfer, its low weight in relation to its capacity, and its opacity to light. Nor was the importance which the tin can has attained in our national life fully appreciated until world developments caused America to pause and take inventory. Only then was it generally realized that from its humble start 130 years ago, the tin can has risen to become an indispensable article in our modern civilization.

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REFERENCES

- | | |
|--|---|
| (1) 1811. The Art of Preserving. M. Appert, Black, Parry and Kinsbury, London. | (3) 1937. Appertizing. A. W. Bitting, The Trade Pressroom, San Francisco. |
| (2) 1937. The Canning Clan. E. C. May, The Macmillan Co., New York. | (4) 1940. The National Geographic Magazine, November, p. 659. |

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixty-eighth in a series which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.



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CALIFORNIA AND WESTERN MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

VOL. 54

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NO. 2

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Francis E. Toomey	San Diego	1942
G. W. Walker	Fresno	1943
Secretary-Editor, ex officio		

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Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this Journal. New copy must be sent to the editorial office not later than the fifteenth day of the month preceding the date of publication.

Contributions—Length of Articles: Extra Costs.—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

	PAGE
Editorials	53
Editorial Comment	57
Original Articles: Scientific and General	59
Clinical Notes and Case Reports	80
California Medical Association	83
Committee on Medical Preparedness	85
Committee on Legislation and Public Policy	88
Committee on Postgraduate Activities	89
Committee on Public Health Education	90
Committee on Public Relations	90
Cancer Commission	90
Committee on Scientific Work	91
Committee on Health and Public Instruction	91
County Societies: Membership; In Memoriam	92
Woman's Auxiliary	93
California Physicians' Service	94
News	95
Twenty-Five Years Ago; State Examining Board	100
Index to Advertisements	Adv. p. 8

EDITORIALS†

COMPULSORY HEALTH INSURANCE ACT PROPOSED BY THE GOVERNOR OF CALIFORNIA

What Governor Culbert L. Olson Stated in His Biennial Message.—On Monday, January 6, 1941, the day on which the California Legislature began its fifty-fourth session, the Governor of the State of California, Honorable Culbert L. Olson, submitted his biennial message, and under the caption, "Health Insurance," he expressed himself as follows:

I repeat here a recommendation I made two years ago, that California adopt a system of universal compulsory health insurance. The need and demand for such insurance is amply demonstrated by the many plans proposed or already in operation, including that advanced by the Medical Association. These plans are all constructive in purpose, and many of them are quite useful within their limits; but, by their very nature, they can not meet the broad needs of society.

There is but one method that is socially adequate. That is the method already applied to Workmen's Compensation Insurance, Old Age Insurance and Unemployment Insurance. It is the method applied to health insurance in twenty-four of the twenty-seven countries having health insurance; that is, by making it both universal and compulsory. In our Department of Employment, which administers unemployment insurance in California, we already have the machinery and the organization to take over the work of administering a health insurance plan.

The inference that can be drawn from the above is that Governor Olson, through his supporters, will again send to the Legislature a compulsory health law. However, up to the time these comments are written, a compulsory health insurance statute has not been submitted to the Legislature.* Two years ago, when the law then proposed was given Governor Olson's "must pass" blessing, the measure was voted down in the Assembly, and its companion bill in the Senate died in committee.

In his biennial message, Governor Olson gave an indirect and partial commendation to the state-wide medical service plan sponsored by the California Medical Association, through the nonprofit corporation—California Physicians' Service—which is now in successful operation on a self-sustaining basis.

† Editorials on subjects of scientific and editorial interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

* Later, information received states a compulsory health measure was submitted to the State Senate on January 23, 1941.

Analysis of His Excellency's Statement.—An analysis of Governor Olson's recommendations indicates:

(1) That he has given his approval to a laudable objective—one which the medical profession of America has always espoused and promoted, namely, to make available adequate medical care for every citizen. The medical profession's record concerning that aim is excellent, both as regards preventive and curative medicine; and, in relation also to both private and public practice.

(2) That he has drawn an erroneous conclusion in presumably believing that voluntary methods now in process of trial—offered through medical service plans on forms of voluntary and prepayment basis—will not be sufficient to overcome such major deficiencies in medical care as may have existed in the past. In other words, Governor Olson seems to have made what may be termed snap-shot and theoretical deductions from premises which are not accepted as reliable factual data by the medical profession—whose members assuredly should have greater opportunity than other citizens of acquiring an intimate and reliable knowledge concerning the adequacy or inadequacy of medical care as it may exist in different states of the Union, and in respective cities, communities and areas.

(3) That he indicates his inability to appreciate that the legal procedures he espouses would fail to bring about better supervision of conditions for California citizens who may be suffering from inadequate medical care. As a matter of fact, the Governor's plan would lead to a demoralization of medical practice, with less efficient service for the very citizens whom he is striving to help.

(4) That he is in error in believing that some twenty-four systems of compulsory health insurance which were in former vogue and operation in European and other countries—each having topographical areas, populations, and standards of living very different from the forty-eight commonwealths making up the United States—would be procedures that are well adapted for the needs of our own country; or, to be more specific, for the people of the State of California.

The deficiencies of those various European systems, and their nonadaptability and nonusefulness for America's citizens, have been repeatedly pointed out. Unfortunately, many proponents of compulsory health systems are so obsessed with their ideologies that they wave the actual facts aside, and continue their propagandist campaigns with assertions based on a misleading philosophy that might thus be stated: "Where others have led, we must follow."

What dire happenings might result from such forms of foreign leadership may be surmised by even a hasty survey on what is today taking place in some of the European countries. It is quite possible that the American method of medical practice is, all things considered, the system best adapted to American needs. At least, the majority of physicians are of that opinion.

(5) That the Governor is promoting for California a plan by which a compulsory health system would be brought into being to stand not, on its separate foundation—as voluntary systems must do—but on the support of existing state agencies. As a matter of fact, he would bring it into being as a suffix or adjunct to an existing "Employment" [unemployment] department of the State of California, which at the present time has millions of dollars in its reserves that could be drawn upon! Why such a tie-in to a large surplus fund should be necessary, is rather difficult to understand. If funds are required for the institution of a compulsory health system, these should be provided through specific appropriations, not only to do away with complicated bookkeeping, reports, and what-not, but in order, from the very beginning, that a true and accurate estimate of its good and bad features would be forthcoming and in forthright manner.

* * *

Columnist Chester H. Rowell's Opinions.—

Apropos of the above, it may be in order to refer to the opinions recently expressed by a fellow Californian, Chester H. Rowell, Esq., who, for many years, officially and otherwise, has been identified with the groups whose members have been battling to bring about the enactment of a compulsory health act in this State. In his syndicated column appearing in the *San Francisco Chronicle* on January 16, 1941, he expounded his opinions as shown by the following excerpts:

Among the recommendations to Congress of the American Federation of Labor is this interestingly vague proposal:

"Insurance under social security laws for permanent and temporary disability."

This, of course, can mean nothing but health insurance, since the only "disability" not covered by other social security laws is that caused by illness. And since insurance payments under all other social security laws are compulsory, it means "compulsory health insurance." President Roosevelt, in his recent message, said the same thing in even more cryptic language. The question is—why did neither of them dare say it in plain words? . . .

In California, Governor Olson has again included social health insurance in his program of recommendations to the Legislature.

Using the above as a text, Mr. Rowell proceeds to take certain persons to task, among others:

Dr. Morris Fishbein, editor of the *Journal of the American Medical Association*, who has for years conducted a political campaign to put an emotional taboo on what he miscalls "Socialized Medicine."

Of course, physicians throughout the United States are aware of the fact that the editor of the *Journal of the American Medical Association* has been only one of a very large number of physicians throughout the Union, who, as executives of their respective state medical associations, as editors of official journals, or as officers or members of local county medical societies, have deemed it an obligation to place before the people the misleading statements of numerous compulsory health insurance advocates. Many physicians have felt the urge to show why much of the propagandist effusion on compulsory health insurance systems is not in accord with actual facts; and have been happy to call

attention to the manner in which the existing system of medical practice, with its confidential physician-patient relationship and progress of scientific and preventive medicine, through individual initiative and free enterprise, would be disintegrated and made less efficient by compulsory health systems such as have been proposed. Also, to explain how compulsory health systems, which in practice might be unacceptable to the great majority of citizens, would lead ultimately, not to better, but to poorer medical care.

If, in the United States, the vital statistics had revealed higher morbidity and mortality rates than in other civilized countries, then the compulsory health insurance propagandists might very properly have demanded serious consideration of their theoretical propositions, with that argument as a good and basic reason for their proposals.

But since the reverse conditions obtain, and because the measures proposed are inimical to the best interests of the public health and of preventive and scientific medicine, the members of the medical profession would stultify themselves, and be false to the interests both of their countrymen and their profession, if they did not vigorously oppose compulsory health laws such as have been proposed, or such as are implied in Governor Culbert L. Olson's biennial message.

* * *

Voluntary Health Insurance Must Be Given a Fair Trial.—Health insurance on the voluntary prepayment basis is still in its infancy, but remarkable progress has been and is being made, and in good, not far distant time, the success of such systems of insurance will be revealed in a large mass spread among the people; the large mass spread then making sickness insurance financially and otherwise as sound as other forms of standard insurance.

* * *

Illuminating Life Insurance and Other Examples.—In this connection it may be in order to quote some figures from the business edition of the *New York Sun*. In its issue of January 11, 1911, that newspaper gave some interesting examples going to show how rapidly the American people turn to things that appeal to them.

Life Insurance Figures.—Thus, concerning life insurance investments, in the year 1900 there were only 7,725,000 policyholders, but in the year 1940, the number of policyholders had increased to 64,000,000!

Other figures show similar trends, and indicate how rapidly Americans take up new ideas:

Nature of Item	Year	Number
Savings accounts	1910	16,372,000
Savings accounts	1941	46,000,000
Ownership in industrial securities.....	1900	4,400,000
Ownership in industrial securities.....	1941	16,000,000
Automobiles in use.....	1900	8,000
Automobiles in use.....	1941	25,000,000
Owners of homes.....	1920	10,581,712
Owners of homes.....	1941	14,000,000
Electric refrigerators in use.....	1920	10,000
Electric refrigerators in use.....	1940	14,240,000

Telephones in use.....	1900	1,000,000
Telephones in use.....	1940	20,400,000
Radio sets in use.....	1920	1,000
Radio sets in use.....	1941	43,000,000

* * *

Voluntary Health Insurance Is Here to Stay. Some of the above items may seem far removed from medical practice except, perhaps, to indicate why, in these latter days, there may have arisen among some groups of citizens a seeming inability or reluctance to pay bills for medical services that had been rendered!

On the other hand, these figures show how rapidly a real need or desire meets with massive response, if the idea or article offered possesses merit.

Medical service and hospitalization insurance, based on voluntary prepayment schedules, make such offers to citizens who are in the low-income groups.* Experience indicates that such methods of meeting the expenses of unforeseen illness will meet with success. What has been accomplished with voluntary insurance in relation to life, fire and other forms may also be realized with voluntary medical service plans designed to meet the costs of unpredictable illness. The future of voluntary health insurance is assured, provided only it be given a genuine opportunity to show its worth.

A POSTGRADUATE COURSE WORTHY OF EMULATION

San Jose's Lecture Course.—Postgraduate or continuation courses in after-graduation years have received repeated commendations in the *OFFICIAL JOURNAL* of the California Medical Association. On Wednesday, January 8, it was our privilege to attend the banquet meeting of the seventh lecture series that has been conducted under the auspices of the San Jose Hospital Association. The guest speaker for 1941 was Cyrus C. Sturgis, M. D., Professor of Internal Medicine at the University of Michigan who, on the evening in question, gave an illuminating address devoted to "The Menace and Treatment of Obesity." Guest speakers in previous years included William C. McCarty, of Rochester, Minnesota; James B. Herrick, Chicago, Illinois; Edwin H. Place, Boston, Massachusetts; Alfred W. Adson, Rochester, Minnesota; Clay Ray Murray, New York City, and Walter Schiller, Frauen Klinik, Vienna.

Attention, therefore, is called to the San Jose lectures in the hope that the example there set, and so ably carried through in seven different sessions, may inspire other hospital and county society groups to give serious consideration to the possibility of instituting like plans for their units and communities.

* * *

How the San Jose Plan Is Carried Out.—The San Jose procedure is as follows: Through a committee, a guest speaker, well known for his studies and work along certain lines, and discussion of which would have appeal to members, is invited to

* In this connection, see California Physicians' Service department in this issue, on page 94.

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give a course of talks or papers. The invitation is extended both to the guest speaker and his wife, with request that, in their travel, they feel free to use the best accommodations. Locally, a hotel suite is secured, and social and other courtesies are extended. The guest speaker is usually requested to indicate at what time during the spring months it may be possible for him to come to San Jose, to deliver a series of five lectures, one each evening, beginning at 8 p. m. On one of the five evenings, an informal banquet is held, to which ladies are invited. The guest speaker has the privilege of choosing his own topics, and experience has shown that this procedure works out in advantageous manner.

* * *

The Manner in Which Funds Are Raised.—Comes now the interesting way in which money is raised to cover the expenses involved. The San Jose Hospital has about 125 beds, with an attending staff of about seventy-five members. Three dollars of each staff member's annual dues are earmarked for the lecture work. The hospital also does emergency work for the city of San Jose, staff members indicating whether they choose to participate in such services. A portion of the fee received for the first emergency visit is also earmarked for the lecture course. In this manner, a fund has been created, with a substantial reserve, making it possible for the San Jose Hospital Association to carry on its postgraduate work in excellent manner.

* * *

Other Advantages of the Course.—The attendance at the lectures, year after year, has been uniformly good. The one dinner meeting, with table groups, to which ladies are invited, creates an opportunity for pleasing social and fraternal relationships. It is the opinion of the colleagues who have had much to do with the plan that the lectures have been important factors, not only in maintaining a zest in postgraduate studies, but in creating harmonious relations and good understanding among the members of the local profession. It may be added, too, that invitations to attend this year's lectures were extended not only to the members of the Santa Clara County Medical Society, but also to the members of the societies in the adjacent counties of Santa Clara, Santa Cruz, San Benito, Monterey and San Mateo.

As previously stated, the San Jose plan is worthy of careful consideration by hospital and society groups.

ON VARIOUS TOPICS

Medical Preparedness.—Delay in construction of barracks, due to weather and other causes, has necessitated a rearrangement of the calendar schedules applying to California draftees, who are to be inducted into the Army under the Selective Service Act. All signs point, however, to a rapid concentration of troops, once the housing and other conditions are met. It follows that assignments to the medical corps of Army, Navy and Aviation

services will then likewise take place in rapid sequence. Physicians who are in the selective service age limits, or who hold commissions in the Reserve Corps of the military services, will do well, therefore, to arrange their affairs so that they may be available, should orders to report for duty come to them. It is important to appreciate that officers, who are in command of the Army, Navy and Aviation medical services, will wish and intend to properly staff, with physicians and surgeons, their respective hospitals and troop groups. On page 33 of the January issue of CALIFORNIA AND WESTERN MEDICINE, appeared a table, perusal of which will orient members concerning the staff set-ups of army hospitals. It is worthy of inspection, especially by those who are in the Reserve Corps.

Readers are also reminded to scan, each month, the items which appear in the columns allotted to the California Committee on Medical Preparedness, the page number of which is always indicated on the front cover index. That committee invites correspondence from members of the Association who seek additional information in these matters, and may be addressed: California Medical Association Committee on Medical Preparedness, Philip K. Gilman, M. D., chairman, 450 Sutter, San Francisco.

Before passing on to other topics, the two-day postgraduate conference and symposium on military medicine, held in San Diego on February 1-2, should be mentioned.* It is possible that similar symposia could be developed in a number of other military centers in California. If that were done, the message from military authorities could more promptly be brought to physicians in all sections of the State, so that harmonious and wholehearted coöperation in medical activities would be in evidence from the very beginning, under changing conditions which, within a few months, may create important modifications in civil practice.

* * *

Legislation: State and National.—The military emergencies which face us seem to have had a deterrent influence on the legislative plans of certain new-thoughters; who, in recent years have vociferously expounded their "welfare" (save the mark) doctrines. This is indicated by the lesser number of proposed laws that have been placed in the assembly and senate hoppers at Sacramento. The members of the Legislature have evidently been less pestered this year, both by individual and group constituents having axes to grind, which tools they proposed to sharpen as weapons, in the form of new statutes designed to make their plans apply to the state's citizenry. All this is to the good, for, assuredly, something is amiss when laws by the hundreds must be enacted every two years.

Rumor states that Governor Olson's group will again sponsor a compulsory health [sickness] law, although at the time of this writing—on January 22—the proposed statute and its sponsors are still unknown. It may be assumed that such a measure will incorporate most of the provisions contained

* For program, see page 89.

in a compulsory health act that was drafted last year, intended then for circulation as an initiative, and designed to go on the November, 1940, ballot; but which, for good reasons, failed so to appear. If such a measure is presented in either or both legislative chambers at Sacramento, the newspapers will no doubt make due mention of the fact.

In the last Congress, Honorable Robert F. Wagner, Senator from New York, sponsored the "National Health [Sickness] Act of 1939" (S. 1620). In the new Seventy-seventh Congress in session, a similar measure will probably be submitted by Senator Wagner. From a statement given by him to the Associated Press the following may be inferred:[†]

It is indicated in this statement that the plan will provide for federal and state coöperation in a broad program calculated to cost \$98,000,000 in the first year. It is further stated in the Associated Press item that Mr. Wagner had conferred with the President before the President's message to Congress was delivered on January 6, and had said that it is likely that an expansion of health facilities can be worked out in connection with the defense program. It is further stated that the general health program as tentatively outlined will call for coöperation between federal and state governments in construction of hospitals, payment of compensation for disability wage losses and expansion of maternal, infant, child health and welfare service, general public health services and general medical care. The sum of \$35,000,000 is mentioned in the press statement as the amount to be available during the first year for the operation of approved state plans for medical care. Appropriations of \$10,000,000 in federal grants for temporary disability compensation, \$8,000,000 for hospital construction, \$13,000,000 for medical services to children, \$15,000,000 for general public health work and \$8,000,000 for maternal and child health services are to be authorized, and smaller amounts are to be set aside for administration and for investigations.

If Senator Wagner carries out his plans in the present session of Congress, in accord with the above, there will be little difference from provisions laid down in his "National Health Act of 1939," as presented in his Senate Bill 1620.

Before the close of the present session of the California Legislature, additional comment will be made. During the month of February, the Legislature will be in constitutional recess, giving good opportunity for conference and maintenance of friendly, personal contacts. Component county societies and members should keep in mind, however, that endorsement or approvals of pending legislation should be given only through the California Medical Association Committee on Legislation and Public Policy. Otherwise, embarrassing situations may arise in committee hearings.

* * *

Annual Session at Del Monte, May 5-8, 1941.

In previous issues information has been given concerning the next annual session of the California Medical Association to be held at the Hotel Del Monte, from Monday, May 5, through Thursday, May 8.[‡] On January 19 the Committee on Scientific

Work of the California Medical Association held a joint session with the Secretaries of the twelve scientific sections. At that time the programs of the four general meetings, one to be held on each of the four mornings, and the topics and speakers for the section meetings to be held in the afternoons, were fully discussed.

The Thursday programs this year will have two interesting features. The morning program will be given over to military medicine, and, in the afternoon, the Sections on Medicine and Surgery will join in presenting two panel discussions, in which guest speakers will take part.

On Sunday, May 4, the California Heart Association, the Radiologists, the Pathologists, the County Secretaries, and the California Medical Association Council will hold their meetings. The "Pre-Convention Bulletin" to appear in April, will give detailed information.

This year's session will be a full four-day series for many physicians who are planning to go to Del Monte. Members of the Association, therefore, are urged to arrange their schedules of professional work to make possible attendance for at least one or two days. The time so used will be well and profitably spent!

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 83.

EDITORIAL COMMENT[†]

HEPATIC CARCINOGEN

The extraction of a new carcinogenic factor from the livers of persons who have died of extra-hepatic malignant disease is currently reported by Steiner¹ of the University of Chicago.

Eight livers from patients with carcinoma of the stomach, lungs, esophagus, pancreas, or rectum were ground and preserved in an equal volume of 95 per cent alcohol. These livers were free from demonstrable metastasis. The alcoholic emulsions of these livers were then saponified with KOH, repeatedly extracted with ethylene dichlorid, and the pooled extract evaporated to dryness. The saponification process was repeated and the final unsaponified residue dissolved by warming in an equal volume of sesame oil. In repeated control tests sesame oil was found to be noncarcinogenic.

About 0.5 cubic centimeters of the sesame solution was injected subcutaneously in the intrascapular region of fifty-six full-grown white mice.

[†] This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

¹ Steiner, Paul E.: Science, 92, 431 (Nov. 8), 1940.

[†] For other comment on legislative matters, see items on page 88.

[‡] For information concerning papers, scientific exhibits, films, and hotel reservations and rates, see CALIFORNIA AND WESTERN MEDICINE, January, 1941, on page 30; this issue, on page 91.

These mice were taken from a stock which, over long-time experiments involving over two thousand mice, had been found to be free from spontaneous spindle-cell sarcoma. The first tumor appeared between five and six months, with thirteen tumors appearing by the end of the sixteenth month. Each tumor grew rapidly, killing the mouse in about three weeks. On autopsy, the tumors were found to be spindle-cell or polymorphous-cell sarcomas, infiltrating the underlying muscles and overlying skin with, in one case, definite metastasis in the lungs. Serial transplantation to the fourth transplant generation was successful with all tumors tested.

Control livers from seven persons dying of various non-neoplastic diseases were also extracted in the same way. The nonsaponifiable residues from these livers were noncarcinogenic. Nonsaponifiable residues from numerous carcinomas were also tested, all of which failed to induce tumors in mice. Both normal livers and cancer tissues, therefore, are apparently free from the new carcinogenic factor. The chemical nature and possible pathologic rôle of this new hepatic factor are now under investigation.

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CHARCOAL AVITAMINOSIS

It has long been a practice of poultry raisers to add charcoal to poultry feeds, under the impression that this agent adsorbs bacterial toxins and other undesirable putrefactive products, and thus improves health and reduces mortality.

It is currently reported, however, by Almquist and Zander,¹ of the University of California College of Agriculture, that this practice is wholly illogical: that the addition of adsorbing charcoal to adequate diets may produce multiple avitaminoses and invariably increases normal chick mortality.

In order to test the nutritional effects of charcoal, the California dietitians formulated a basal diet containing optimum amounts of vitamins A, K, D, G and the "chick gizzard factor," but without the considerable excess or "margin of safety" that is found in most commercial chick mash. Forty day-old chicks were divided into two groups. One group was fed this basal diet, the other the same diet plus 2 per cent adsorbing charcoal. At the end of thirty-four days the average weight was 294.6 grams in the group fed on the basal diet. With the charcoal reinforced diet there was a stunted growth, the average weight being 181.3 grams. Seventy-five per cent of the charcoal-fed group showed typical, well-marked vitamin A deficiency, manifest by paralyzes, incoordinations and keratinizations of the nictating membrane. All cases recovered after daily oral administration of vitamin A. Severe vitamin K deficiency was noted in most birds, multiple subcutaneous hemorrhages, and a prolonged blood-clotting time. In the control group

the average clotting time was 2.4 minutes, in the charcoal-fed group the average was over thirty minutes. "Gizzard factor" deficiency was also noted in all charcoal-fed birds, manifest by severely eroded gizzard lining. In a second group of forty day-old chicks similarly fed, six of the twenty charcoal-fed subgroup developed "curled-toe paralysis." All four cases were promptly cured by the administration of synthetic riboflavin.

In order to test for possible beneficial effects, two groups of thirty-five day-old birds were fed on a high-grade commercial mash containing a considerable excess of all known vitamins. No vitamin deficiency was noted in the charcoal-fed group, and no appreciable differences were observed in the relative growth rates. During the first fifty-two days the average gain in weight was 0.328 grams in the control group per unit of food, and 0.332 grams in the charcoal-fed group. In the control group the mortality was 0 per cent during the first fifty-two days, with a 6 per cent mortality in the charcoal-fed group.

From these tests the California agriculturists conclude that an adequate chick diet may be rendered deficient in essential vitamins by the addition of charcoal. Even with the considerable excess of vitamins in commercial mash there is no conclusive evidence in support of the alleged beneficial effects. There is even suggestive evidence of deleterious effects, as shown by a slightly increased chick mortality in the charcoal-fed subgroup.

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Vaccination Controls Smallpox.—At the recent meeting of the Conference of State and Territorial Health Officers held in Washington, D. C., Dr. Thomas Parran, Surgeon-General of the United States Public Health Service, called attention to the high proportion of people who fail to be vaccinated against smallpox. Early in the year, reports came to the Public Health Service which suggested that smallpox might assume epidemic proportions. Fortunately, the immediate danger passed, but the Surgeon-General said that this experience may be a warning of hazards that lie ahead, unless preventive measures are instituted.

In California, smallpox during recent years has been controlled, generally, in local communities. The recent experience of a northern California community, however, indicates that vigilance in the vaccination of the general population against this disease is a matter of necessity. In this community, during the first few months of the year, fifty-seven cases of smallpox were reported, of which eighteen were in adults, most of whom were over forty years of age. It is known that not all cases have been reported in spite of the clear and definite diagnosis of the disease, its prevalence in adults and exclusively in individuals who were unvaccinated. In spite of the fact that vaccination has been conducted without interruption by school and public health authorities, as well as private physicians, there are still many individuals in the community who refuse to believe that the disease is smallpox—an opinionated viewpoint that is quite unusual at the present time.

All health officers may well conduct routine activities in the provision of vaccination against smallpox, so as to maintain a wise policy of insurance against a preventable disease that may prove disastrous to the health and welfare of the community.

¹ Almquist, H. J., and Zander, D.: *Proc. Soc. Exp. Biol. and Med.*, 45, 393 (Oct.), 1940.

ORIGINAL ARTICLES

GASTRO-INTESTINAL DISEASES: THE NEWER THERAPY*

By FRED H. KRUSE, M. D.
San Francisco

THE great problem in summarizing the so-called "modern advances" in a selected field of medicine is to determine what is new and what is old! When we stop and analyze an accomplishment in the solution of the nature of a disease or the method of a revolutionary therapeutic procedure, we find that it did not spring into being, but grew slowly from many small beginnings. Before a practicable and utilizable understanding was reached, there were many isolated and contributing experiments, with various additions and data from many sources.

And so, in mentioning what we may choose to call the examples of our newer knowledge and therapy in gastro-enterology, it can readily be seen that each, in various parts and forms, has been talked and written about for several previous years. There is usually quite a literature on the subject before general acceptance has occurred. This has been particularly true in the development of the use of vitamin K in the bleeding of jaundice; of the therapy of peptic hemorrhage; and recognition of the importance of gastroscopy. There is nothing new under the sun!

Some of the most interesting advances, both clinical and in the field of research, concern the causes and treatment of peptic ulcer. It is true that the etiologic nature of this chronic disease is still undetermined; but modern knowledge has shown that we cannot view this affection simply as a local disease limited to the stomach and duodenum alone, but as an inherent tendency in the constitutional make-up of the particular individual. Though the fundamental cause may not be known, we now recognize three primary etiologic factors:

1. Local tissue injury of the stomach or duodenum.
2. The eroding action of acid-pepsin chyme.
3. The neurogenic background (both psychic and autonomic).

In treating peptic ulcer, a therapeutic régime directed toward the control of these three factors is essential. Tissue injury is prevented by eliminating focal infections about the head, in the gall-bladder, genito-urinary tract, and by protection from seasonal respiratory infections. Nutritional tissue injury such as may result from a deficiency in vitamins C and B, particularly when on limited diets, or the actual trauma produced by ingested liquids, drugs, or coarse foods, must be rectified. Allergic tissue injury producing ulcer has never been proved. Justification for treatment with the more or less popular parenteral injections has depended somewhat upon the allergic theory as a

causative factor in peptic ulcer. Now, modern research has shown that the temporary benefit of such procedures is probably psychologic, and can be paralleled by a change of environment. Almost any striking method for the treatment of peptic ulcer has been of transient benefit, but the consensus of opinion of reliable investigators has been that the parenteral method is not indicated in the routine treatment of peptic ulcer.

The effect of certain hormones in protecting the local tissues of the stomach and duodenum, either directly or trophically, has been the subject of considerable research. An assumption that pituitary deficiency exists has led to a method of treatment with a fresh pituitary preparation of the posterior lobe, given hypodermically, orally, or intranasally. However, from the reports it is obvious that this method has produced only a temporary healing effect on the ulcer, and we must await further proof that such therapy is of any real value. A much more convincing study on the relation of gonadotropic hormones to peptic ulcer has been reported by Sandweiss and his collaborators. It is known that pregnancy has a beneficial effect on the symptoms of peptic ulcer and that aggravation frequently occurs in the menopause. Daily injections of antuitrin S have protected Mann-Williamson dogs from developing peptic ulcer, while theelin had no effect. In treating humans the results were less favorable, but of course the amounts given in daily injections do not approximate the large amounts secreted in pregnancy. There can be no question but that gonadotropic hormone has some beneficial or soothing effect on the gastro-intestinal tract, and that includes the colon.

Further evidence that discrete intracranial lesions may be the cause of ulceration of the upper part of the digestive tract is found in observations made by Oppen and Zimmerman, probably stimulated by the previous studies of Cushing. They feel that gastro-intestinal lesions in cases of cortical and mesencephalic involvement are most probably mediated through the hypothalamic nuclei. Lesions of the brain and alterations in hormonal activity in their effect on the autonomic nervous system and the gastro-intestinal tract will undoubtedly further intrigue investigators.

Controversial as all of the above-mentioned data may be, modern investigation has served only to make more certain that the second etiologic factor—the acid-pepsin chyme element as an eroding agent preventing the healing of peptic ulcer—stands unchallenged. By whatever method, it has been conclusively proved that the ulcerated tissue must be protected from this erosion. This can be done only partially by food and frequent feedings. However, it has become recognized that the acid element is chiefly important as the activator of the pepsin element, and that complete alkalization is unnecessary to destroy the acid-pepsin combination. Palmer has shown that merely a control of the hydrogen ion of the stomach contents at a p^H of about 4, or even less, is an optimum level sufficient to secure clinical relief and produce healing; whereas, for the elimination of total acidity the p^H must be elevated to 7.

* Read before the fourth general meeting at the sixty-ninth annual session of the California Medical Association, Coronado, May 6-9, 1940.

From the Department of Medicine, University of California Medical School.

The old Sippy method of alkalization by the use of soluble alkalis did the latter, often producing alkalosis. Today we only attempt neutralization, reduction of the stomach pH, by the use of non-soluble alkalis which do not disturb the acid base of the blood. The chief of these agents in the order of their neutralizing capacity are calcium carbonate, tricalcate, tribasic calcium, or magnesium phosphate and aluminum hydroxid.

Palmer has summarized the effect of these antacids in an interesting manner:

ANTACIDS

Listed in decreasing order of neutralizing capacity:

1. Calcium carbonate	4 gms.
2. Calcium carbonate	2 gms.
3. Sodium bicarbonate plus calcium carbonate aa	2 gms.
4. Aluminum hydroxid	30 c. c.
5. Tricalcate	4 gms.
6. Tribasic calcium phosphate	4 gms.
7. Aluminum hydroxid	16 c. c.
8. Sodium bicarbonate	4 gms.
9. Aluminum hydroxid	4 c. c.
10. Magnesium trisilicate	1 gm.

Atropin increases the neutralizing capacity of antacids. Furthermore, we have come to recognize that the peptic ulcer difficult to control is practically always associated with the phenomenon of hypersecretion, and that by combining sufficient amounts of atropin with our neutralizing powders this condition may be better controlled.

Finally, modern thought defines the limits that any of the above methods may have in bringing about a complete cure, and emphasizes the primary importance in considering the general systemic or nervous disturbances of the individual with ulcer. The mental and emotional makeup, the environment, social status, personal habits of life, psychic states, and autonomic tension must be corrected and relieved.

Of the complications of peptic ulcer, the optimum treatment of hemorrhage has created a wide divergence of opinion as to the details of therapeutic measures. Modern therapy has established, however, some fundamental principles which are now quite generally accepted, and which signalize real progress. Leading experience favors treatment of peptic hemorrhage by medical measures with few exceptions, and these are rare. It is conceded that massive hemorrhage, in persons under the age of forty-five years, involves relatively slight risk.

The policy of prolonged initial starvation is now considered definitely unwise. Since the reports of Professor E. Meulengracht before the Scandinavian Congress of Internal Medicine in 1933, citing only a one per cent mortality from peptic hemorrhage by a method of liberal feeding, there has gradually been an almost universal swing to early or immediate feeding after the hemorrhage. Research studies have shown that after massive hemorrhage there is an enormous toxic destruction of protein, with an elevation of the nonprotein nitrogen and urea, a tendency to uremia and tissue

exhaustion, and great dehydration. Food, fluid, and blood are needed.

Meulengracht's purée diet allows three hourly feedings and includes cereals, bread, butter, tea, sliced meats, omelettes, fish, cheese, potatoes, puréed vegetables, vegetable soups, stewed fruits, and puddings, with very little restriction as to quantity. Here in America, as a rule, we have not been bold enough to follow the plan completely. Various modifications of this liberal dietary régime are used, but the fundamental principle of small frequent feedings of simple food, instituted without delay after the hemorrhage, seems to be agreed upon with few exceptions. It is probable that the details of the diet selections in such an emergency are of relatively minor importance. Morphin, bed rest, and quiet are of importance. Most hemorrhages stop abruptly. Extreme measures are unwise. Dehydration must be overcome by parenteral fluids. Transfusion is indicated for those in shock with hemoglobins of 50 per cent or less, or when bleeding continues. Liver extract injections, vitamins B and C parenterally, and glucose, given cautiously are helpful. When surgical measures are indicated, they usually should not be delayed beyond forty-eight hours after the start of the hemorrhage.

The subject of peptic irritation should not be dismissed without commenting upon some phases of hiatus hernia of the stomach through the diaphragm. This lesion is now being recognized with increasing frequency, and is commonly found with a short esophagus. Profuse and persistent hemorrhage, associated with peptic ulcer of the esophagus, are not unusual complications and need to be treated by a modified ulcer régime. I have frequently traced severe, unexplained anemias to this source.

The use of the flexible gastroscope, and the observations of Schindler and his pupils by this means, have certainly been one of the outstanding accomplishments in the field of gastro-enterology in recent years. The gastroscope in skillful hands not only has determined the nature of doubtful lesions in the stomach, but much more important, in my opinion, has made possible actual diagnosis of diffuse organic disease of the mucosa and wall of the stomach, which heretofore has been largely presumptive. This knowledge is narrowing our diagnoses of gastric neuroses. Atrophic, inflammatory, and degenerative changes are now proved. Gastritis as a cause of many of the dyspepsias is now becoming popular again, after having been banished in favor of functional disturbances. Atrophic and hypertrophic gastritis are found to exist as clinical entities.

Furthermore, there has been a tremendous impetus given to the treatment of diffuse disease of the stomach wall under the direct control of gastroscopic visualization. The effect of diet, of lavages with various agents such as hydrogen peroxid, reactions to colloidal kaolin in alumina gel or alumina gel alone, of vitamin B₁ and B₂, and vitamin C; and in the atrophic forms with or without anemia, the effect of liver therapy can be studied graphi-

cally. The peptic ulcer of hypertrophic gastritis can be seen and treated. Gastric distress following surgery of the stomach is commonly an unsolved problem. Now, by visualization, we have revealed a true postoperative gastritis, among other complications and lesions, which can be treated more intelligently. We are rapidly accumulating a wider knowledge in this field of medicine.

THE LIVER AND BILIARY SYSTEM

In the last several years we have added greatly to our knowledge in the differentiation of disorders of the liver and biliary system, especially in the understanding of hepatic physiology and in establishing fundamental principles of therapy. This is particularly true in the treatment of jaundice and cirrhosis of the liver.

The liver is a storehouse for glycogen. This glycogen store is depleted in jaundice and cirrhosis, so that the feeding of sugars and other carbohydrates, and, when needed, the intravenous administration of glucose has become a recognized treatment for hepatic disease and as a preliminary to all biliary tract surgery. Certainly, our chief therapeutic aid in the treatment of the cirrhotics and degenerative changes in the hepatic parenchyma is the high carbohydrate diet. However, it is becoming even more obvious that the success or failure of treatment of a patient who has a severely damaged liver depends to a large extent on the patient's ability to take a well-balanced and ample diet over a long period.

We have also learned that injurious fat accumulations develop as the glycogen content of the liver lessens. The relationship of the sugar and fat metabolism of the liver, and the appreciation of a reciprocal activity, the fat-glycogen antagonism, is evidently of the utmost importance for practical therapeutic purposes, not only in diabetes and acute diarrheic and depleting gastro-intestinal upsets, but also in the essential liver disorders mentioned above. Livers with low glycogen content have an increased susceptibility to injury and they also accumulate fat. It would appear, therefore, that the amount of fat ingestion by the alimentary canal, if it can be adequately handled by the gastro-intestinal tract, is not of such primary importance in the effect on the liver if there is an adequate carbohydrate intake which insures repletion of the liver glycogen.

The protein metabolism of the liver is exceedingly important, and the therapeutic use of proteins in the diet in liver disorders has aroused keen interest. For practical clinical purposes, the experimental reports in the literature present some conflicting conclusions. Dogs with jaundice, produced by tying off the common bile duct, develop ascites and edema when fed meat. This condition can be cured by stopping meat. On the other hand, patients with portal cirrhosis and ascites improve on high protein-carbohydrate diets. It has been rather generally assumed that in obstructive jaundice especially, and presumably in the more diffuse changes of toxic and degenerative hepatitis, the protein metabolism of the liver has become de-

ficient, so that a low protein intake has been recommended. In jaundice, then, many recommend the elimination of meat protein and the use of dairy proteins (milk, cheese, egg white) and gelatines. In cirrhosis of the liver, especially with ascites, a quite high protein diet is advised to make up the loss of serum protein in the abdominal fluid, again with gelatin supplements, but with the question of the use of meat somewhat uncertain.

The liver is instrumental in the formation or storage of vitamins A, B₁ B₂ complex, C and D. These functions are disturbed considerably by injury to its parenchyma and the consequent reduction of bile acids in the intestine. Recently, Rich and Hamilton (Johns Hopkins Medical Bulletin) have reported the production of cirrhosis of the liver, of a type resembling Laennec's or portal cirrhosis in man, which occurred in rabbits on diets supplemented by various vitamins, but lacking yeast. Evidence indicated that the cirrhosis was due to the lack of some factor contained in yeast, but different from vitamins B₁, B₂, B₆ and nicotinic acid. Ascites occurred in half of the animals. The diet of the animals that developed cirrhosis was deficient in choline, whereas the animals that did not develop cirrhosis were obtaining choline from yeast. Fat accumulates in the livers of animals lacking choline in the diet. The experiments are interesting in view of the frequency of cirrhosis in chronic alcoholics, many of whom, as is well known, restrict their diet and develop symptoms due to vitamin deficiencies, notably pertaining to vitamins contained in yeast.

In portal cirrhosis then (and this means most of the clinical cases we treat), the feeding of vitamin concentrates with large amounts of whole vitamin B, especially all the elements contained in yeast, together with a high carbohydrate diet and at least 100 to 125 grams of protein in an attempt to elevate the plasma protein, has been surprisingly helpful in many cases. Intramuscular injections of liver extract appear also to have some direct effect on nitrogen balance and the retention of protein, as well as in combating the macrocytic anemia of liver disease so resistant to treatment. The administration of iron and repeated transfusions in the seriously ill patients are necessary adjuncts to treatment. These methods—and, if necessary, abdominal tapping as required for comfort—are, in my opinion, much more effective than omentopexy or the time-honored use of diuretics, such as acid-producing salts and mercurials. Needless to say, the first step, and the most important in treating the liver, is to stop the intake of liver toxins, be they alcohol, arsenic, or what not.

In my opinion, the most spectacular advance of the past year has been the use of vitamin K in the hemorrhage of jaundice. So-called "cholemic bleeding" has been an unsolved problem for years. It has been apparent that this complication was dependent on some intrinsic change in the coagulating properties of the blood. Recent evidence indicates that deficiency of the prothrombin of the blood is probably the essential feature. A series of brilliant investigations have shown that there are

two factors which maintain a normal prothrombin level in the blood, namely, the presence of a certain bile acid, deoxycholic acid, and a fat-soluble vitamin known as vitamin K (plentiful in the food we feed our cattle, such as alfalfa and other grasses). By bringing these two together in the intestinal tract of the jaundiced patient, an elevated prothrombin time is speedily reduced to normal limits, with a striking inhibitory effect on actual bleeding. Errors have been made in feeding the proper bile constituent, which is deoxycholic acid. Discomfort in seriously ill patients in feeding the Klotogen or vitamin K tablets and the numerous bile pills has been a handicap, but now we have vitamin K ready for intravenous use and the bile acid need not be given, truly a boon of the highest order for the harassed surgeon in these difficult cases.

THE SMALL INTESTINE

Diseases of the small bowel in the past have quite uniformly gone unrecognized unless obstruction developed. All too frequently our first intimation of pathology in this region comes with the onset of one of the most dramatic crises in abdominal emergencies. In recent years there has been increased interest in the small intestine because of the development of a better clinical approach in diagnosis, and of a better understanding of the physiology of this portion of the intestine. While localizing symptoms are meager at first, we have learned the importance in this respect of a complaint of persistent umbilical distress, irregular bouts of high distention, and the appearance of movable and changing distended loops and tumors. Improved methods of roentgenologic examination, afforded by plain films taken in various positions—prone, supine, and upright—disclosing collections of trapped gas and hairpin turns, and frequent fluoroscopic viewings of the progress of the barium meal, have been very enlightening. Use of the double tube, with intubation of the small intestine, is becoming a more common procedure. By all of these means more accurate diagnoses are now made than previously.

The problems of intestinal ileus, chronic stenosing inflammation, and absorptive functions in relation to carbohydrates, proteins, fats, and fluids, are arousing more interest than the detection of the various tumors of the small bowel. Modern therapy has emphasized the difference in the indications for treatment of mechanical ileus (obstruction) as opposed to paralytic ileus (adynamic). Although, on the one hand, there is an occlusion to be relieved, and, on the other, an atonic condition of the bowel muscle to overcome, both have the same features of distended gut, increased intra-intestinal pressure, changes in blood chemistry, and toxemia. Both types of ileus may benefit from decompression of the distended bowel by means of a tube passed down through the mouth and stomach. An abdominal operation is useful only when there is a definite mechanical obstruction to be relieved, except as it may be required for an existing peritonitis. Yet, in practice, such operations are still being done in many places on para-

lytic ileus. An atonic intestine will not empty itself effectively until its peristaltic power is restored. Enterostomy in these cases is not approved. The use of pitressin, pituitrin, prostigmin, according to need, and if not contraindicated by peritonitis, of hypertonic saline by vein and rectum, and normal salt under the skin, are the primary aids in this endeavor and in the restoration of the water balance and normal blood chemistry. The proper use of the Miller-Abbott tube signalizes a great advance in the therapy of ileus. A summary of the advantages in its use is best expressed by quoting Abbott himself:

"The great contraindication to intubation is gangrene, and therefore success with the procedure demands excellent clinical judgment. On the other hand, a patient who has shown paralytic ileus from the start may undergo intubation successfully because, as the stomach, the duodenum, and the subsequent sections of small bowel are deflated, each in turn regains its peristaltic activity and forces the balloon onward. Striking relief of pain and shock follow, and normal motor function is restored. The advantages include emptying the intestine and restoring peristalsis, identification of the location and nature of the lesion with possibility of relief of obstruction, and the conversion of an emergency into an elective surgical procedure. Time is gained for further study and for insuring proper nourishment of the patient."

Ileitis or cicatrizing enteritis continues to be a diagnostic problem and a therapeutic nightmare. Although we are learning more of its clinical manifestations, we know nothing of its medical treatment. We all deplore the necessity of the radical resection of the diseased bowel, and several authors are now voicing more conservatism in favor of procedures which would usually be considered inadequate, such as appendectomy, enterostomy, or side tracking colostomy, with reports of delayed recurrences extending to five years. As a causative factor, the importance of resecting the mesenteric lymphatics is also being emphasized.

From the medical standpoint diffuse disturbances of the small intestine are manifested by abdominal discomfort, distention, and diarrhea—all of which are most difficult to relieve. Some suggestions as to therapeutic procedures have been gleaned by studying conditions which have arisen after bowel resection. In 1912, Joseph M. Flint (Professor of Surgery at Yale) reported in the *Johns Hopkins Bulletin* that about 50 per cent of the small intestine may be resected without much danger of serious consequences in the majority of cases. However, severe diarrhea, thirst, loss of weight, and loss of nitrogen and fat in the stools resulted, until secondary hypertrophy and hyperplasia of the remaining intestine took place. The carbohydrates were well absorbed. In the resections for ileitis, diarrhea becomes a troublesome complication.

Some light on the physiologic and nutritional disturbances resulting from loss of a large part of the small intestine has been supplied by the studies of West and coworkers on an individual, with three feet of small intestine remaining after

multiple resections for ileitis. Diarrhea, tetany, and abdominal distention were the clinical findings. Chemical studies showed that the blood calcium was very low, and that 45 per cent of the ingested fat was lost in the feces, a large proportion as free fatty acids, accounting for the large loss of calcium in the feces as calcium soaps. (It is to be remembered that calcium and phosphorus are absorbed in the small intestine.) Twenty-five per cent of the ingested protein was lost in the feces, but the assimilation of carbohydrate was found to be normal. One-fourth of the total caloric intake was lost in the stools. With only about one-sixth of his small bowel remaining (this being thickened and hypertrophied) this individual led a fairly satisfactory existence on a high carbohydrate, high protein diet, with extra calcium and viosterol feedings and low fat.

Studies and observations in sprue indicate that about the same type of disturbance takes place, and that defective absorption or utilization of essential food factors in the small bowel are evidently of major etiologic importance, as shown by the ineffectiveness of liver extract by mouth and the dramatic improvement when injected parenterally.

In sprue there is defective fat absorption, defective absorption, and a loss of calcium and poor utilization of vitamin D, as well as other essential food constituents.

Characteristic roentgenologic changes have been demonstrated in the small intestine in sprue, consisting of abnormal mucosal markings, increased segmentation, pocketing and stasis in isolated loops, as illustrated by the findings of Mackie, Miller, and Rhoads. These abnormalities may be seen to regress under specific therapy. In summary, apparently nature has provided the human with a safe excess of small intestine. Fat absorption would appear to be the chief limiting need for anything like the normal length of small gut. The maintenance of nutrition and control of diarrhea in any profound disturbance in the mechanism and physiology of this region apparently requires a high carbohydrate, high protein diet with very little fat; an intake of at least 10 to 12 grams of calcium; more and better utilization of vitamin D; and often injections of liver and possibly vitamin B. It is to be remembered, also, as shown by Althausen, that thyroid substance or thyroxin markedly increases the absorption of carbohydrates in the small intestine.

THE LARGE INTESTINE

Therapeutic advances in treating colon disease have been of chief interest in those disorders involving the large bowel as a whole. Surgeons have improved their technique and approach in handling circumscribed lesions, but completely satisfactory treatment of the diffuse disturbances has not been accomplished.

The tendency now, except in such diseases as the acute dysenteries, tuberculosis, amebiasis, and the rectal lesions of lymphogranuloma venereum, is to relegate infection to a secondary rôle, and elevate intrinsic abnormal activity in the bowel wall, in the musculature and autonomic nervous system,

as causative factors. For instance, Lium discusses the possibility that ulcerative colitis may be conceived as a specific reaction to a number of influences which can initiate spasm of the colon musculature. Once the colon becomes spastic, it is an organ that can produce damage to its own surface. Spasm results in damage to the overlying epithelium with resultant hemorrhage and ulceration at times. Dysentery toxin produces ulceration through the injurious effects of smooth muscle spasm. Thus, hyperactivity of the parasympathetic nervous system, plus an insult such as bacillary dysentery, or one of our so-called "intestinal flus" and a final resultant vitamin deficiency, which occurs in all prolonged digestive disturbances, may explain the vagaries of ulcerative colitis. Exhaustion of the secretion of mucus, together with nutritional deficiency, may contribute to the prevention of healing. Vitamin B and liver extracts are not specifics for such disorders. Lerner and Rapaport have shown that avitaminosis A constitutes one of the complications found in this disease. Therefore, we must conclude that chronic ulcerative colitis appears to be the complex expression of the interaction of several different factors, as expressed by Mackie.

We have been flooded with drugs used to lessen the tone of the musculature of the bowel. Recent experiments have shown that atropin is just as effective an antispasmodic as syntropan, trasentin, and benzedrin sulfate, and probably better when given by mouth. Glyceryl trinitrate, amyl nitrite, pitocin and papaverin hydrochlorid are effective in relieving spasm, producing immobilization and putting the large intestine at rest.

On the other hand, increase in tone followed the use of morphin, physostigmin, acetylcholin and hypertonic salt solution. There is some question as to whether calcium salts do not increase rather than allay intestinal tone. Marked stimulation of colonic motility is produced by physostigmin and ephedrin together, and also by physostigmin and acetylcholin given simultaneously. Hypertonic solutions of glucose have no effect on colonic motility.

The favorable effect of gums and other hygroscopic substances, such as karaya gum, as non-irritating aids in overcoming spastic constipation, seems proved experimentally and practically. Pectin in its various forms, as apple or banana powder, etc., while helpful in some of the diarrheas, has not proved much more beneficial than any of our other less expensive substances. Recent work has shown the value of nickel pectinate, and indicates the possibility that some of the metal pectinates may be valuable therapeutic aids. Sulfanilamide in its various forms may be of help occasionally in intestinal infections if used judiciously for short periods; but it has not accomplished results such as it has in pneumonias or urinary infections.

Many authors have discussed in the past few years the functional or sociologic disorders of the colon, and point out that the vast majority of colon disturbances are undoubtedly functional and should be treated as such.

ANEMIA OF THE NEWBORN WITH ERYTHROBLASTOSIS

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BABY X was born on the afternoon of September 7, 1939, at the Children's Hospital, San Francisco. Everyone in the delivery room remarked what a fine, well-developed infant she was. Almost immediately she cried, and moved her arms and legs vigorously. She weighed 7 pounds 14½ ounces. Physical examination was normal. Neither liver nor spleen was palpable. When placed in the nursery there was not a rosier-looking newborn. Twice during the night she took an ounce of boiled water.

On rounds the next morning, Baby X's skin was a pale-yellow color. "Icterus of the newborn," said the doctors. But they did not like jaundice beginning so early in the baby's career. On physical examination, there were neither purpuric spots nor blood in the meconium. That morning a blood count was made. It showed: hemoglobin, 118 per cent; and red blood cells, 5,330,000. Reassured, the baby was put to the breast. She nursed effectively. Except for the yellow-colored skin, she acted like other normal, healthy, well-nourished infants.

By the fourth day the baby had gained back two ounces of initial loss. She nursed vigorously, getting three ounces at each feeding. There was no regurgitating or vomiting. But as the jaundice faded, the pale-yellow color of her skin accentuated itself. With the disappearance of meconium, her stools took on a peculiar burnt-orange color. On September 10, the blood count was almost as good as the first: hemoglobin, 110 per cent; red blood cells, 5,600,000. As the baby nursed vigorously and gained two to three ounces daily, no one felt cause for worry. But when one looked from Baby X's crib to the occupants of adjoining ones, confidence was shaken. A death-like, waxy pallor had crept over Baby X's features. She was as colorless as the sheets upon which she lay. Under such circumstances, the high hemoglobin percentage ceased to be reassuring.

By the seventh day the blood count began to change. The red blood cells fell from 5,600,000 to 3,600,000, and the hemoglobin reached 79. On the ninth day the hemoglobin was 64, the red blood cells 2,950,000. But Baby X continued to nurse and to gain in weight. On the other hand, the spleen was palpable below the costal margin. The bowel movements became more intensely ochre-colored, and the whiteness of her skin startling in intensity. From the laboratory came ominous reports: Bilirubin in the stools; the hemoglobin was 59; the red blood cells were 2,740,000, irregular in size, a number were highly colored and nucleated.

BLOOD PROBLEM

What was the matter with Baby X's blood? She was a first-born. There had been no miscarriages. Both father and mother were young and healthy. Their Wassermanns were negative. There were no

tuberculosis, no drug addictions. Except for a secondary anemia at the beginning of pregnancy, the mother had been unusually well.

It was obvious that, in spite of Baby X's vigorous appetite and gain in weight, something was destroying her blood. The bilirubin in the stools proved that active hemolysis of the red cells was going on, and the nucleated red cells meant that the demand for erythrocytes was so urgent that they were being turned into the circulation before maturation.

On September 16, nine days after birth, the first transfusion was given: 75 cubic centimeters of whole blood into the right tibial vein, about 10 cubic centimeters per pound. The results were disappointing. Baby X's color improved not a whit. There was an increase of bilirubin in the stools. On September 18, the hemoglobin was 65, red blood cells 3,100,000. The spleen and liver became more prominent. On the twelfth day, when the hemoglobin was 55 and the red blood cells 2,580,000, a second transfusion of 75 cubic centimeters of whole paternal blood was given into the left tibial vein. Two days later the hemoglobin was 70 and the red blood cells 3,400,000.

When the baby was two weeks old she left the hospital, weighing nine ounces more than birth weight. Although thriving physically, she remained startlingly pale. On the 23rd, her hemoglobin was 42 and her red blood cells 2,370,000. Several times, at varying periods, she received intramuscular injections of whole blood without improving the blood picture. When her hemoglobin was 32 and her red blood cells 1,890,000, a third direct transfusion of whole paternal blood was given. The result was just as disappointing.

On several occasions the baby vomited, projectile in character. At times she refused to finish her bottles, and, unless aroused, slept continuously. When her hemoglobin remained stationary at 32, a fourth transfusion, using blood outside the family, was decided upon. A husky young medico was the donor. On this occasion the saphenous vein was cut down upon. For the first time, 100 cubic centimeters of citrated blood was given. From then on the baby began to thrive. Perhaps the condition had run its course. Perhaps outside blood was a factor. At any rate, the hemoglobin showed marked improvement. On the 16th, the hemoglobin was 64, the red blood cells 3,600,000. Liver and iron (Lilly's) were given by mouth. Rosy color appeared in the baby's cheeks. The spleen retired behind the costal margin. Stools assumed a normal color. Vigorous development continued. At six months she weighed over 19 pounds, and at one year over 25 pounds.

NATURE OF ANEMIA OF THE NEWBORN

What is anemia of the newborn? According to Abt it is a definite, although rare clinical entity.¹ To conform to Ecklin's description, those afflicted must be born of healthy parents in normal, spontaneous delivery.² There must be no history of birth injury, hemorrhagic disease, infection or prenatal poisoning. All causes of secondary anemia

TABLE 1.—Blood Pictures: Baby X

Age in Days	Red Blood Cells Millions Per Cubic Millimeter	Hemoglobin Per Cent	Color Index	White Blood Cells Thousands Per Cubic Millimeter	Nuclear Red Blood Cells Per Cent Total Red Blood Cells	Reticulo- cytes Per Cent Red Blood Cells	Differential Count of White Blood Cells				
							Polymorphonuclears	Myelo- cytes	Eosino- phils	Lympho- cytes	Mono- cytes
1 day	5,330,000	118									
3 days	5,600,000	110									
7 days	3,600,000	79									
9 days	2,950,000	64									
9 days	2,740,000	59	1.09	19,400	Few		39 { 8 banded 31 segmented		2	55	3
9 days	Transfusion										
10 days	Transfusal										
11 days A. M.	3,100,000	65									
11 days P. M.	2,580,000	55	Transfusion								
12 days	3,400,000	70									
14 days	3,250,000	55	.85	20,500			33 { 7 banded 26 segmented		2	61	4
16 days	2,370,000	42	.91	12,500	Few		45 { 4 banded 41 segmented		2	50	2
18 days	2,360,000	45	.95	19,200	5		32 { 3 banded 29 segmented		6	57	5
22 days	2,410,000	43	.89	10,575		10.9	47 { 12 banded 35 segmented		1	46	6
32 days	1,890,000	32	.88	10,000	Few		33 { 16 banded 17 segmented		6	51	9
33 days	2,200,000	32	Transfusion								
36 days	1,850,000	32	.88	Transfusion 11,000	4	19.2	26 { 14 banded 12 segmented	1	4	55	13
39 days	3,600,000	64									
58 days	3,400,000	60									
74 days	3,600,000	75									
1 yr. 4 dys.	4,500,000	86		8,700			31		2	65	2

in the neonatal period must be eliminated: syphilis, sepsis, neoplasms, tuberculosis, diphtheria, and malaria.

If such an infant within the first two weeks of life, while thriving and behaving normally, becomes profoundly pale and anemic, such a condition conforms to the accepted conception of anemia of the newborn.

This condition is not new. Finkelstein³ and Lichtenstein⁴ first grasped its significance. But Ecklin, in 1919, reported the initial case. Then followed Susstrunk's paper.⁵ In quick succession came reports from Donnally, Sanford, Bonar, Canino, and Ehrman. All referred to the condition as anemia of the newborn. In 1930, Gelston and Sappington reported a case.⁶ Abt, in 1932, added another. In 1935, thirty-nine cases were reported by Abbott and Abbott.⁷ Of these, seven have been challenged as they do not conform to Ecklin's definition of newborn anemia. In 1936, Huenekens gave a case to the literature.⁸ Since then reports have been numerous.

TERMINOLOGY

Clinicians are not agreed as to a name. The condition masquerades under many titles: "Congenital Anemia of the Newborn"; "Primary Anemia of the Newborn"; "Idiopathic Anemia"; "Erythroblastosis Foetalis"; "Erythroblastic Anemia of the Neonatal Period."¹⁰ Inasmuch as the embryonal blood picture determines the severity and the prognosis of the condition, anemia of the newborn, with or without erythroblastosis, would be a pertinent terminology.

Passachoff and Wilson found an incidence of three cases out of six thousand births at Morrisania City Hospital.¹¹ According to others' experience, it occurs as often as 1 to 1,000; 2,000; 3,000 or 12,000 births.

Some cases have been noted at birth. Usually the condition manifests itself between the third and tenth day. Both sexes are equally affected. With but one exception, in a negro, all recorded cases occurred in the white race.¹¹ The condition may occur in several offspring of the same family. One family history records the affliction in three successive siblings.¹² One of twins has had the condition. Why the first born is generally spared is unknown. With the exception of this case and two reported by Akerren, anemia of the newborn occurs in the second or subsequent siblings.¹³ Undoubtedly the condition is more prevalent than is generally realized.

THEORIES: COMMENT

Various theories have been advanced to explain anemia of the newborn—none, as yet, convincingly explain the fundamental condition of its occurrence. Diamond, Blackfan, and Baty have shown erythroblastosis fetalis is associated with universal edema of the fetus, icterus gravis neonatorum, and anemia of the newborn. There is no question of an underlying cause associated with all three conditions; but all three are not necessarily present in anemia of the newborn.

One clinician suggests that toxic elements, arising from mother or fetus, may increase blood destruction. This is theoretical, but not practical. The general good health of mother and child argue against it. An obscure infection would involve other organs. We would have complicating jaundice, hematuria, nephritis, or cerebral symptoms. This theory is now abandoned. Other theorists argue for an undescribed intoxication which causes no damage except on the fetal side of the placenta. This raises the question whether disease of the placenta may be a causal factor in these cases. As yet the literature on that angle does not permit us to draw a conclusion. Huenekens thinks the condition may be due to a temporary absence of the anti-anemic principle in the liver. He bases his conclusion on the rapid improvement in a case of anemia of the newborn, following injections of large doses of Lederle's liver extract.

Ecklin's case shows the possibility of inherited defect. Diamond, Blackfan, and Baty found thirty-two familial cases reported in the literature. Abbott and Abbott assembled nine others. Modern theory does not grant any relationship between the hemoglobin content and the red cell count of the normal mother and her offspring. Barbour, in a study of some 120-odd children, could not find that the content of the mother's blood had any relationship to the blood of her infant.¹⁴ Neither is there evidence that the mother's diet during pregnancy has any relationship to the condition of anemia of the newborn.

The disease appears to be a metabolic disturbance of the hematopoietic system; perhaps an essential weakness or exhaustion; perhaps a failure to mature erythrocytes; perhaps the act of birth temporarily inhibits the usual activity. Schluessing interprets these facts unusually well when he records, in reporting a fatal case of anemia of the newborn, that "the blood-forming apparatus, during its development, was overtaken by birth."¹⁵ Stransky observed that the greatest number of immature cells occurred in fatal cases.¹⁶

PATHOLOGY: SIGNS AND SYMPTOMS

Pathology focuses itself on the hemopoietic system. Hematopoiesis is evident in the enlarged liver and spleen, in the kidneys, adrenals, pancreas, lymph nodes, thyroid, genital glands, and in other organs. Two cases showed marked erythropoietic activity in the bone marrow.

Enlargement and hypertrophy of the heart and enlargement and edema of the placenta have been reported. Every case of erythroblastosis shows an increase above normal in the bilirubin content of the blood.

The characteristic symptom is the pallor and the underlying anemia occurring in the first ten days after birth. Icterus is not a constant symptom. Abt found it in four out of his fifteen cases. Diamond, Blackfan, and Baty reported it in seven of their cases. It appears earlier and is milder than physiologic icterus of the newborn. At times, jaundice is so marked that even the vernix caseosa is stained a golden-yellow color. There is no fever and no

gross bleeding. Purpuric and petechial spots occur rarely. Edema of eyes and scrotum has been noted. The spleen is reported palpable in about one-half of the quoted cases. Enlargement of the liver and hypertrophy of the heart have been noted. As the condition becomes pronounced, vomiting, often projectile in character, becomes distressing. The infant sleeps continuously and has to be aroused for feedings.

Blood.—Both the red blood count and hemoglobin show a wide variation. The red cell counts range from 416,000 to 2,800,000 per centimeter; the hemoglobin between 10 and 40 per cent. In general, the erythrocytes are large and well filled with hemoglobin, giving a color index of 1.0 or above. Large numbers of immature red blood cells appear early. Anisocytosis and poikilocytosis are usually marked. Reticulocytes and nucleated red blood cells may be present early. Leukocyte counts are generally within normal range, 10–25,000. At times a leukocytosis occurs. Differential count, platelets, bleeding and coagulation and fragility are normal. Despite appalling pallor and intense anemia, the infant does not appear sick, takes feedings well, and gains in weight.

With recovery, symptoms promptly disappear. Liver, spleen, and heart return to normal size. Pallor persists longer. Recovery is complete by the third to the sixth month, often earlier. Most cases, followed for years by clinicians, show no sequelae.

MORTALITY

The mortality rate is quoted from 7 to 12 per cent. The most dangerous period is encompassed within the first few days. Early death is due to free bleeding into body cavities; petechial hemorrhages into the brain, due to thrombi of nucleated red blood cells; toxemia from extreme jaundice resulting in staining the brain-stem nuclei, resulting in convulsions, kernicterus, spasticity, imbecility, etc.; dilatation of the heart chambers and anoxemia. Without such complications the prognosis is excellent.

Where a mother has given birth to several babies with erythroblastosis, future pregnancies should be discouraged.

THERAPY

As anemia of the newborn has a striking tendency toward spontaneous recovery without treatment, when should infants be left alone and when transfused?

If the red blood cells sink below 2,500,000 and the hemoglobin below 30 per cent, transfusion should be performed without hesitation. Intramuscular blood injections are without efficacy. The need for blood is urgent. Intramuscular injections take too long to absorb in emergency. Waiting is dangerous. Intraperitoneal injections are contraindicated. The injection, too often, remains as a clot in the abdominal cavity. Transfusions should be continued until a satisfactory result is obtained. One clinician gave fifteen transfusions before he gained control of the anoxemia and the hemolytic tendency. Parental blood may be deficient in some factor. Therefore, it is wise, at times, in a pro-

tracted case to use out-of-the-family blood. Citrated blood is the only one to use. It gives the operator, no matter how skilled, ample opportunity to accomplish his task. Usually 10 to 15 cubic centimeters of blood per pound of body weight is advisable.

The route of entry depends upon the operator's skill. Veins on the dorsal aspect of the hands, the internal jugulars, scalp, femoral, brachial and tibial veins are recommended. If necessary, cut down upon the internal saphenous veins. Never use the anterior fontanelle as the portal of transfusion. This route is fraught with danger. Conclude the transfusion if evidence of heart embarrassment occurs. If transfusion adds to the jaundice, do not withhold if blood is required. A red blood level of 4 or 5,000,000 per cubic millimeters is not required to carry on body functions satisfactorily. A level of 3,000,000 is usually found satisfactory to insure gain in weight and appetite. Too frequent transfusions, unless absolutely required, may increase the hemolytic tendency and prolong the period of functional aplasia of the bone marrow. Transfusion is necessary only to tide the patient over the dangerous period of abnormal blood destruction.

Therefore, the clinician must steer a safe course between Scylla and Charybdis as to frequency and amount of transfused blood. On the one hand, hemolysis must not be accelerated. On the other, dangerous anemia must not develop.

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TRAUMATIC RUPTURE OF THE LIVER*

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TRAUMATIC rupture of the liver is among the least common of the abdominal emergencies confronting the surgeon. The extreme rarity of the condition, and the fact that associated injuries are not infrequently present, oftentimes renders the diagnosis difficult or impossible.

The liver, by virtue of its size, weight and consistency, is rendered particularly vulnerable to injury, especially if the impact is sufficient to fracture any of the ribs surrounding it or to cause an antero-posterior compression of the thoracic cage, producing an impingement of the liver between the force anteriorly and the prominent, unyielding vertebral column posteriorly.

TABLE 1.—Type of Operative Repair Used on the Seven Patients Operated on Within Eight Hours of Injury, and Recovered

Gauze pack	2
(Mattress)	2
Suture (interrupted)	1
Hemorrhage had stopped—no treatment	2
<i>Type of Operative Repair Used on the Five Patients that Were Operated on Within Eight Hours of Injury, and Died</i>	
Gauze pack	3
Number 4 plain catgut (interrupted)	1
Splenectomy and mattress sutures of chronic	1
Mortality	41%

SIGNS AND SYMPTOMS

Before discussing the signs and symptoms of traumatic rupture of the liver, it might be well to review Moynihan's classification of subcutaneous injuries of that organ. He divides them into three classes as follows:

1. Rupture of the liver with laceration of Glisson's capsule.
2. Separation of the capsule with subcapsular hemorrhage; and
3. Central rupture, leading to hematoma, and thence to abscess or cyst formation.

The most notable clinical signs of ruptured liver are the result of internal hemorrhage.

Weakness and pallor will develop as the bleeding continues and will be followed by restlessness and dyspnea.

The pulse becomes rapid, weak and thready, and this is accompanied by a fall in blood pressure.

* Read before the Section on General Surgery at the sixty-ninth annual session of the California Medical Association, Coronado, May 6-9, 1940.

TABLE 2.—Type of Operative Repair Used on the Twelve Patients Operated on Longer than Eight Hours After Injury, and Recovered

Gauze pack	6
No treatment—bleeding had stopped	5
Omentum found lodged in tear in liver and was not disturbed	1
<i>Type of Operative Repair Used on the Eight Patients that Were Operated on Longer than Eight Hours After Injury, and Died</i>	
No treatment—bleeding had stopped	1
No treatment because patient died on table	1
Gauze pack	5
Splenectomy done but overlooked six-inch tear on posterior aspect of right lobe of liver	1
Mortality	40%

Shifting dullness may or may not be present in the flanks.

Right upper quadrant pain, tenderness and rigidity are practically always present.

McKnight states that if the convex portion of the right lobe is injured, the pain is referred to the right scapular region as in cholecystic disease. If the concave surface is injured, the pain is referred to the waistline anteriorly.

The temperature may be subnormal early, and is a distressing sign if it does not rise after a few hours; because failure to rise indicates the patient is not responding favorably to treatment.

Another distressing symptom is the fact that if hemorrhage continues there will be a gradual de-

TABLE 3.—Types of Violence in One Hundred Cases of Ruptured Liver

Pedestrian versus automobile	46
Automobile versus automobile	20
Bicycle versus automobile	4
Blow in epigastrium during fight	4
Falling from a height	3
Thrown against a steering wheel	3
Miscellaneous	20

cline in the red-blood cells and hemoglobin but an increase in the number of leukocytes. There should be a definite rise in the leukocyte count within two hours after the onset of the hemorrhage; and this rise should reach a maximum within eight hours, at which time the number of leukocytes should be at least twice the normal.

Shock is usually present due either to associated injuries or to peritoneal irritation, caused by blood and bile. If symptoms of shock continue longer than six hours, hemorrhage or peritonitis is usually present.

Jaundice may or may not be present, but usually does not appear before the second or third day.

TABLE 4.—Blood Counts Were Done for Twenty-five Patients

Total white count 16,000 or over	14
Total white count less than 16,000	11
Polys 80 per cent or over	10
Polys 80 per cent or under	6
Total red count over 4,000,000	7
Total red count under 4,000,000	18
Hemoglobin over 70 per cent	9
Hemoglobin exactly 70 per cent	6
Hemoglobin under 70 per cent	5

TABLE 5.—Results

Number of patients operated on who died	13
With associated injuries	12
Without associated injuries	1
Number of patients operated on who recovered	19
With associated injuries	11
Without associated injuries	8

DIFFERENTIAL DIAGNOSIS

The differential diagnosis of traumatic rupture of the liver calls first for a classification of the abdominal organs into two groups, namely :

- 1. The solid viscera : Liver, spleen, pancreas, and kidneys.
- 2. The hollow viscera : Intestines, bladder, ureters, and stomach.

Injury to solid viscera causes hemorrhage. Injury to hollow viscera usually causes peritonitis. Both types of lesion are accompanied by shock, while injuries to the upper abdomen cause more serious shock than those of the hypogastric region.

Rupture of the spleen should really be mentioned last because the symptoms of this condition are practically identical with ruptured liver.

TABLE 5(A)—Commonest Types of Associated Injuries in Groups Listed in Table 5

Thirty-eight per cent of patients operated on had fractured right ribs.
Another twenty-five per cent operated on had contusions on right chest and no fractures.
Therefore sixty-three per cent of patients operated on had either fracture or contusion of right chest.
Another sixteen per cent operated on showed no evidence of contusion or fractured ribs.

The hemorrhage from a ruptured spleen is more rapid and severe because the blood flowing to the spleen is arterial and under high tension, whereas that coming to the liver is largely venous and under low tension.

In general it might be stated that if the trauma were applied to the left half of the upper abdomen the likelihood of ruptured spleen would be considered. There are exceptions to every rule, however, since such a case history was recently reviewed by me where a preoperative diagnosis of ruptured spleen was made and at operation the left lobe of the liver was found almost completely severed from the organ.

The pancreas is so situated that it is rarely injured and its symptoms are in no way distinctive. Shock is always quite marked.

In rupture of the kidney, the pain is usually localized to the loin and lumbar region. Hematuria is usually present.

TABLE 6.—Moynihan's Classification of Ruptured Liver

1. Rupture of the liver with laceration of Glisson's capsule.
2. Separation of the capsule with subcapsular hemorrhage.
3. Central rupture leading to hematoma and thence to abscess or cyst formation.

TABLE 7.—Time Periods in Relation to Operations and Results

Number of patients operated on within eight hours	12
Number of patients operated on within eight hours recovered	7
Number of patients operated on within eight hours died	5
Mortality	41 2/3 %
Number of patients operated on after eight hours	20
Number of patients operated on after eight hours recovered	12
Number of patients operated on after eight hours died	8
Mortality	40 %

Rupture of the intestines is the commonest cause of peritonitis after abdominal injury. Cope states that if a chest lesion and renal trauma have been excluded, one is probably dealing with a case of ruptured intestines in the following conditions :

- 1. When abdominal pain persists for more than six hours after an injury, if the pain is accompanied by either (a) vomiting, especially bilious vomiting, (b) a pulse gradually rising from the normal, (c) persistent local rigidity tending to extend, or (d) deep local tenderness with shallow respiration.

TABLE 8.—Cope States that if a Chest Lesion and Renal Trauma Have Been Excluded, One Is Probably Dealing With a Case of Ruptured Intestines in the Following Conditions

1. When abdominal pain persists for more than six hours after an injury, if the pain is accompanied by either
(a) Vomiting, especially bilious vomiting, or
(b) A pulse gradually rising from the normal, or
(c) Persistent local rigidity tending to extend, or
(d) Deep local tenderness with hollow respiration.
2. When abdominal pain is absent or very slight and anemia is not increasing, but the pulse rises steadily hour by hour and the patient is very restless and listless.

- 2. When abdominal pain is absent or very slight and anemia is not increasing, but the pulse rises steadily, hour by hour, and the patient is very restless or listless.

Traumatic rupture of the stomach is rare but may occur following a blow on the epigastrium after a full meal. Rarer still is spontaneous rupture of the stomach. I had occasion to operate on one recently, closing a rent 5 centimeters long on the lesser curvature. In this condition the shock is severe and prolonged. There is severe epigastric pain and vomiting. Hematemesis invariably occurs because the

TABLE 9.—Signs and Symptoms of Ruptured Liver

Internal hemorrhage
Weakness
Pallor
Restlessness
Dyspnea
Rapid pulse
Fall in blood pressure
Shifting dullness
Right upper quadrant pain
Subnormal temperature
Anemia
Leucocytosis
Shock
Jaundice

mucosa is the first layer to rupture as a result of intragastric pressure.

In ruptured bladder the pain is usually lower down and may be associated with a fractured pelvis if the rupture is extraperitoneal. Intraperitoneal rupture of the urinary bladder is among the least common of the injuries sustained as a result of trauma to the genito-urinary organs, perhaps because of the protection afforded it by the bony pelvis. Several different methods of ruling out an intraperitoneal rupture of the urinary bladder are described in the literature. In 1890 Keen suggested injecting air into the bladder through a catheter. A pneumoperitoneum resulted if an intraperitoneal rupture of the bladder was present; but if the bladder wall was intact an area of tympany would be noted in the hypogastric area. Vaughn and Rudnick have suggested the injection of air into the bladder followed by an x-ray flat-plate of the abdomen with the patient in the upright position. If an intraperitoneal rupture is present air will be noted beneath the diaphragm. If an extraperitoneal rupture is present air will be noted along the fascial planes of the muscles of the thighs. Another common but oftentimes misleading method of diagnosis is to inject a known quantity of fluid through a catheter into the previously emptied bladder, then measuring the amount of fluid returned. If an intraperitoneal rupture of the bladder is present the amount of fluid returned will be negligible or at least considerably less than the amount injected. This method is subject to error, however, and is not entirely reliable. Simple catheterization may also be misleading, since the tip of the catheter may pass through a rent in the bladder wall into the peritoneal cavity and 1500 or 2000 cubic centimeters of bloody urine will be removed from the peritoneal cavity. Furthermore, the tip of the catheter may pass to the floor of the bladder and remove 200 or 300 cubic centimeters of clear urine which has accumulated in the bladder below the rent following the injury. Probably the most reliable method of ruling out a ruptured urinary bladder is the injection of a contrast media such as Skiodan. An x-ray will reveal an extravasation of the contrast media if a rupture is present.

In an effort to arrive at some means of early diagnosis and the best method of treatment, I have been prompted to study one hundred cases of traumatic rupture of the liver admitted to the Los Angeles County General Hospital during the past ten years. In this series of one hundred cases thirty-two of them were operated on with a mortality of 40 per cent.

The preoperative diagnosis of ruptured liver was correct in eighteen cases, or 54 per cent. The remaining sixty-eight cases constitute the unoperated cases in which the diagnosis was confirmed at autopsy.

TREATMENT

Opinion is divided as to whether or not immediate operation is essential. Cheyne and Burghard believe that recovery from primary shock in severe liver injuries is impossible until after the arrest of hemorrhage. They believe that ruptured liver becomes an operative condition as soon as the diag-

nosis is made. This view is at variance with that of McCracken in his treatment of ruptured spleen where the bleeding is arterial and under higher tension than in the case of liver hemorrhage. He has concluded after studying nineteen cases of ruptured spleen, that patients admitted in shock should not be operated on at once, but should be tided over the period of shock before surgical measures are instituted.

In the treatment of shock the usual methods of reversed Fowler's position and the administration of external heat should be employed. Plenty of fluids should be given by proctoclysis and hypodermoclysis. Morphine in sufficient quantities for rest and quiet is indicated. As soon as there is any improvement in the patient's general condition, surgery is indicated if we have reason to believe internal hemorrhage is present. If the clinical picture and the laboratory findings indicate considerable blood loss, a blood transfusion just before or during the operation will combat the anemia and serve as an aid to hemostasis.

Thorlakson and Hay believe that a properly placed incision has an important bearing on convalescence. They believe the upper right transverse incision has certain definite advantages over the longitudinal incision. First, it lends itself more easily to exploration of the upper abdomen and right lobe of the liver; second, the gauze packing can be brought out well around toward the flank, thereby lessening the likelihood of symptom-producing adhesions around pylorus or duodenum; third, in their experience with this incision in gall-bladder surgery, postoperative hernia does not occur even following prolonged drainage.

During the actual operation the patient's condition is usually serious. Careful planning, therefore, of the procedure and details of the operation should be methodically carried out. The dome of the liver may have to be explored to find the site of the injury. It may further be necessary to tilt the whole organ forward by grasping the liver margin with gauze and pulling the liver downward and anteriorly. In fact, most ruptures are said to occur along the postero-inferior surface.

1930 Wilshire Boulevard.

CUTANEOUS LEISHMANIASIS, EXPERIMENTALLY PRODUCED

By H. J. TEMPLETON, M. D.
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CUTANEOUS ulcers, caused by the *Leishmania tropica*, are very common in certain parts of the Near East, where they are known under various local names, such as Aleppo boil, Oriental sore or Biskra button. They are very rare in the United States, being seen in immigrants from districts where the disease is indigenous. It may be of some interest, therefore, to report a case of such an ulcer which followed experimental inoculation of the human skin with cultures of the organism.

REPORT OF CASE

Miss F. S., age 35, consulted me on July 21, 1939, with the self-diagnosis of *Leishmania tropica* ulcer of the right

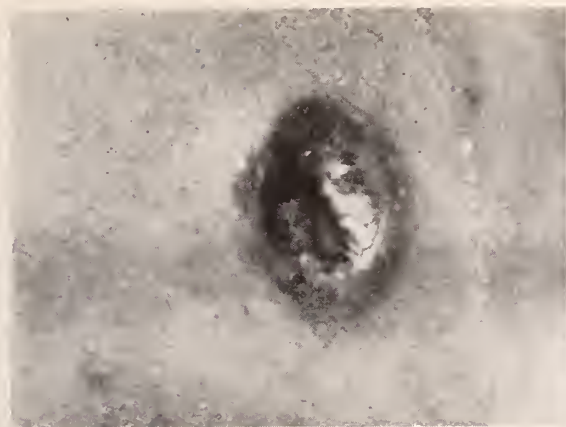


Fig. 1

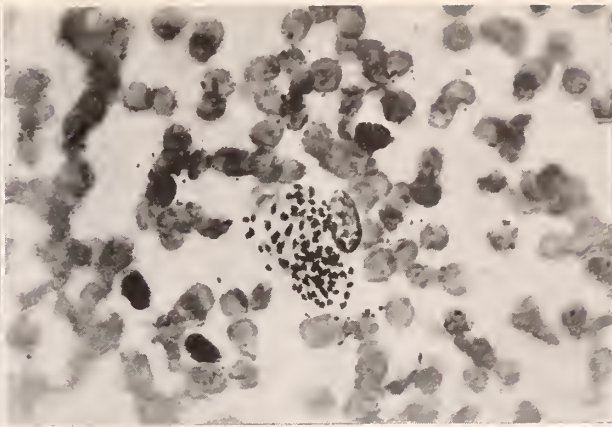


Fig. 2

thigh. She stated that while in Beirut, Syria, she was voluntarily inoculated with a culture of the organism by Dr. D. A. Berberian of the American University Hospital. The inoculation was made in July, 1938. Four months later a red papule appeared at the site of inoculation, gradually became larger and broke down into an ulcer which, when seen July 21, 1939, was about one by one and one-half inches in size (Fig. 1). It presented no particularly characteristic clinical appearance which would differentiate it from any simple ragged ulcer. Observed over a period of nine months, the ulcer has slowly healed and is now replaced by a thin atrophic scar. The total duration was seventeen months.

Scrapings from the edge of the ulcer were examined by us and Dr. Gertrude Moore. The organisms of *Leishmania tropica* were found (Fig. 2). Under the oil immersion lens they appeared as oval bodies about 2 to 4 microns in length, generally grouped in the cytoplasm of or at the edge of a large mononuclear cell. We attempted to cultivate the organisms on "triple N" medium, both at room and at 37 degrees centigrade temperature, but obtained no growth.

I wrote Doctor Berberian of our findings and received the following letter:

"Miss S. was inoculated on July 27, 1938. She received 2 cubic centimeters of *Leishmania tropica* culture suspension from one tube of culture, a 23-day-old third subculture, from 37-day-old second 17-day-old first subculture, from 4-day-old primary culture. Approximately 50,000 Leishman-Donovan bodies were injected intracutaneously.

"As cutaneous Leishmaniasis does not occur in the United States, I would recommend that you kindly take cultures from her lesion on triple N medium.

"In regard to treatment, I would advise the following: If the ulcer is not inconveniencing her, let it alone completely, as it will heal by itself and thereby will give her full protection. If the ulcer is bothersome, then you may cauterize it with carbon dioxide snow or, if this is found painful, you may give neostibosan or solustibosan injections intravenously. These injections should be given daily until about three-fourths of the full dose prescribed by the manufacturer is given."

COMMENT

Although there is some uncertainty as to the method of transmission of the disease, the current belief is that the organisms are carried from patient to victim by a blood-sucking fly (phlebotomus). In some districts of the Near East it is said that most of the population is either in the process of having the disease or is immune by reason of a former attack. In this respect of conferring a high degree of immunity, the Oriental variety of Leishmaniasis differs markedly from the South Ameri-

can type which produces the nonhealing destructive ulcers known as espundia.

Clinically, the disease is characterized by indolent papules which gradually enlarge and then break down into ulcers, varying in size from one to six centimeters. These ulcers may be few in number or may occur scattered over the exposed areas of the body. They may coalesce to form larger areas of ulceration. If not treated they heal spontaneously, but slowly, requiring many months in the process, and finally leave scars. It seems that the accepted treatment is to permit the ulcers to heal spontaneously in order to afford full immunity. As Doctor Berberian mentions in his letter, anti-mony preparations may be used intravenously.

3115 Webster Street.

MANAGEMENT OF CHEST INJURIES*

By WILLIAM B. FAULKNER, JR., M. D.
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IT is not unusual for chest-injury patients to be dismissed from a general hospital, considered as cured, and then later appear at a thoracic surgical clinic because pain or shortness of breath prevents them from returning to their former occupations.

It is true that a certain number of this group should be considered fortunate in having survived the accident at all, and yet there are undoubtedly others in whom these late, permanent disabilities could have been limited or entirely prevented had the initial treatment been different. As will be seen, similar types of chest trauma may produce entirely different intrathoracic disturbances, and call for varying forms of therapy.

Following an accident there may be a broken rib with no other complications, or, sharp rib fragments may puncture the lung and cause a collection of air within the pleural cavity—pneumothorax; or a collection of blood—hemothorax. While it is not unusual to find a pneumothorax and hemothorax present at the same time, as a matter of clarity I think it best to discuss the two subjects separately.

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TRAUMATIC PNEUMOTHORACES: KINDS

Traumatic pneumothoraces are quite variegated, and may cause very slight or outstandingly grave symptoms, depending upon the extent of the lung injury and the condition of the chest prior to the trauma.

If the perforation in the lung is minute, and the lung retraction closes the tear before any great amount of air has escaped, the resultant symptoms are usually insignificant. In this type, treatment consists of morphin and bed rest, while the air is allowed to absorb.

But if we now turn to the other extreme in which a large pulmonary tear permits a tremendous quantity of air to escape rapidly and cause a complete collapse of the injured lung, and a sudden displacement of the heart and mediastinal structures, we are presented with an entirely different problem. The cardiorespiratory function is perilously impaired; and cyanosis and dyspnea are so severe that, on first sight, one might mistakenly interpret them as solely attributable to shock and cardiac failure and be tempted to rely exclusively upon heart stimulants and shock therapy. But to do so would be a grievous error, for almost the whole disturbance is mechanical, due to the displacement of the intrathoracic organs, and it can be alleviated only when these organs are returned to more nearly normal positions.

WITHDRAWAL OF AIR

In such cases we remove sufficient air to accomplish this purpose, being careful not to take out so much that the lung tear will reopen and aggravate the condition.

It is difficult to lay down a set rule as to how much air should be withdrawn, because this varies with the case; but generally speaking, we remove from 250 to 350 cubic centimeters immediately following the accident, and this is repeated in four to eight hours. Similar amounts are withdrawn every day for the first three days, and every second or third day thereafter.

Occasionally, cases are encountered where the air withdrawals afford no relief at all, or where the relief is of very short duration. In these the hole in the lung is likely to be of such size and nature that the air escapes into the pleural cavity faster than it can be removed through the needle, and a dangerous tension pneumothorax ensues. Here prompt adequate treatment is imperative. A catheter is inserted through an intercostal space and connected with a long tube, the end of which is led into a bottle of antiseptic fluid beneath the patient's bed. Sometimes even this fails to give the desired relief, and an intercostal incision must be made to expose the lung and suture the rent.

OTHER TYPES OF PNEUMOTHORAX

Between the extremes of a small and a massive pneumothorax lies a variety of other types. That type in which strands of scattered pleural adhesions anchor the lung is particularly treacherous, and even though such patients may enter the office or hospital without alarming symptoms or any ap-

preciable pneumothorax, they should be placed at absolute rest, because the slightest strain might result in the sudden tearing of the adhesions, the complete collapse of the lung, and critical mediastinal shifting.

People who have had previous infection with fixation of the mediastinum are more fortunate. They can sustain a severe unilateral chest injury with a fairly extensive lung laceration, and a great collection of air in the pleural cavity without experiencing noteworthy cardiac or respiratory embarrassment. In these there is much less of an emergency, and the air may be removed over a period of days.

It is impossible for a pneumo- or hemothorax to occur in a person whose pleural cavity has been completely obliterated by past disease, but air can escape from the torn lung and pleura directly into the chest-wall tissues and cause a widespread subcutaneous emphysema. Nevertheless, this condition ordinarily gives us little concern because, as a rule, it disappears of its own accord.

Of more import is the fact that an adhesive chest does not allow the lung to collapse and close its injured vessels. Hence, blood drains into the bronchi and produces a traumatic atelectasis or traumatic pneumonia of the injured or uninjured lung. We have seen quite a number in this class, but one stands out prominently in my mind.

REPORT OF CASE

CASE 1.—The patient walked into the hospital immediately after the accident, and at that time his condition was good, his only symptom being pain. But when I saw him in consultation twenty-four hours later he was moribund, and the majority of the abnormal physical signs were elicited on the uninjured side. At autopsy, bronchoscopic examination revealed that the bronchi of the previously sound lung had been completely filled with free blood. This plugged the bronchi and shut off the air flow, and apparently was the direct cause of death. Our previous "internal drainage" studies show that such deaths are in many cases avoidable.^{1,2}

HEMOTHORAX

What has been said relative to the symptoms from, and the treatment of, displaced intrathoracic organs, in connection with pneumothorax, applies also to blood within the pleural cavity. But in addition blood causes pleuritis, pleural effusion, and pleural thickening. And if a hemothorax is left unattended over a considerable period the pulmonary pleura becomes so thick that it interferes with full lung expansion and produces late disability.

The plan, by choice, then, is to remove the blood on the second or third day and immediately replace it by air. In other words, convert the hemothorax into a pneumothorax, and so treat it. At times the cardiorespiratory distress is so jeopardizing that the two-day interval must be disregarded and the procedure done at once.

When blood rapidly reaccumulates after such treatment the wound in the lung is probably still open, and an exploratory thoracotomy should be done to find and check the source of the bleeding.

Air replacement is contraindicated if the hemothorax is caused by intercostal hemorrhage. In this instance the intercostal should be exposed and tied.

OPEN TYPES

Our discussion up to this point has concerned itself with chest wounds of the "closed" type; but it must be remembered that the "open" variety are much more serious than the closed, for they invite infection, cause mediastinal flutter, throw maximum strain upon the heart and lungs, and produce momentous symptoms. Whenever possible the open thorax should be converted immediately into a closed type and thereafter so treated. But if deep hemorrhage is present, and facilities are available, the wound should be extended, bleeders located and controlled, and the chest closed air-tight. Post-operatively pleural fluid generally accumulates, but this can be aspirated.

Contrary to what one might expect, a few patients with open chest wounds do exceptionally well even from the first. I recall a man who entered the hospital with a part of the lung protruding between his ribs. Fortunately, however, this portion of the lung sufficiently plugged the opening so that a pneumothorax did not occur, and he was without symptoms. The herniated lung was included in the suture approximating the muscles, and the skin was closed separately. Primary healing occurred and the patient was discharged on the tenth day. An x-ray made at that time showed no abnormality. This man has remained well and has been able to resume his usual occupation.

COMMENT

In all these cases of chest injury it is impossible to overstress the importance of proper treatment during the early stay in the hospital, and the necessity of close observation after discharge, if one is to hope for a satisfactory outcome.

In addition to the immediate and late thoraco-mechanical problems, one must give attention to the treatment of shock and hemorrhage and to the prevention of infection.

CONCLUSIONS

1. Traumatic pneumothorax and hemothorax are frequent complications of chest injuries. Treatment is determined by the severity of the symptoms: the flexibility of the mediastinum, the presence or absence of pleural adhesions, and the amount of shock or hemorrhage.

2. With pneumothorax, the air is withdrawn over a period of days so that the lung wound may have a chance to heal.

3. With hemothoraces, the blood is removed from the pleural cavity and replaced by air. The subsequent treatment is that of pneumothorax.

4. When signs point to an extensive lung tear which remains open, a thoracotomy is performed, bleeding controlled, the lung sutured, and the chest closed air-tight.

5. Contralateral traumatic atelectasis is, in our opinion, caused by the patient's position which allows the blood to spill from the injured into the uninjured lung. In many cases it can be prevented.

384 Post Street.

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CARBON DIOXID THERAPY*

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PROBABLY the earliest use of carbon dioxide as a respiratory stimulant was mouth-to-mouth insufflation, a procedure practiced from the earliest times to the present. Davies¹ quotes from the Old Testament (2 Kings, IV, 34-35) one of the first recorded instances of this method of resuscitation. It was not until 1908 that Hill and Flack² suggested the rational use of carbon dioxide in respiratory failure, carbon monoxide poisoning, and chloroform syncope. In 1920, Henderson, Haggard, and Coburn³ recommended the inhalation of carbon dioxide to speed the excretion of volatile anesthetics.

CONTROL OF RESPIRATION

Respiration is controlled chiefly through a respiratory center in the medulla and through the carotid body. The medullary center is affected by hydrogen ion concentration, so that an increase in acidity stimulates respiration and allows excess acid to be excreted through the lungs as carbon dioxide, while a decrease in acidity causes suppression of breathing and retention of carbon dioxide. Carbon dioxide is particularly efficient as a central respiratory stimulant because it is more soluble and diffusible than other acids as, for example, lactic acid. Thus, it is the most important single factor in the central control of pulmonary ventilation.^{4,5} Reflex control of respiration through the carotid body is determined by the oxygen content of its arterial blood supply. When the oxygen of this blood is below the usual arterial concentration, chemoreceptors in the carotid body transmit stimuli to the medullary center which result in an increase in respiratory volume.^{6,7,8} There is, then, a delicately balanced dual system which controls pulmonary ventilation—directly through the respiratory center of the medulla when there is an excess or a deficiency of carbon dioxide or a change in the hydrogen ion concentration, or, reflexly, through the carotid body when there is a change in oxygen tension.

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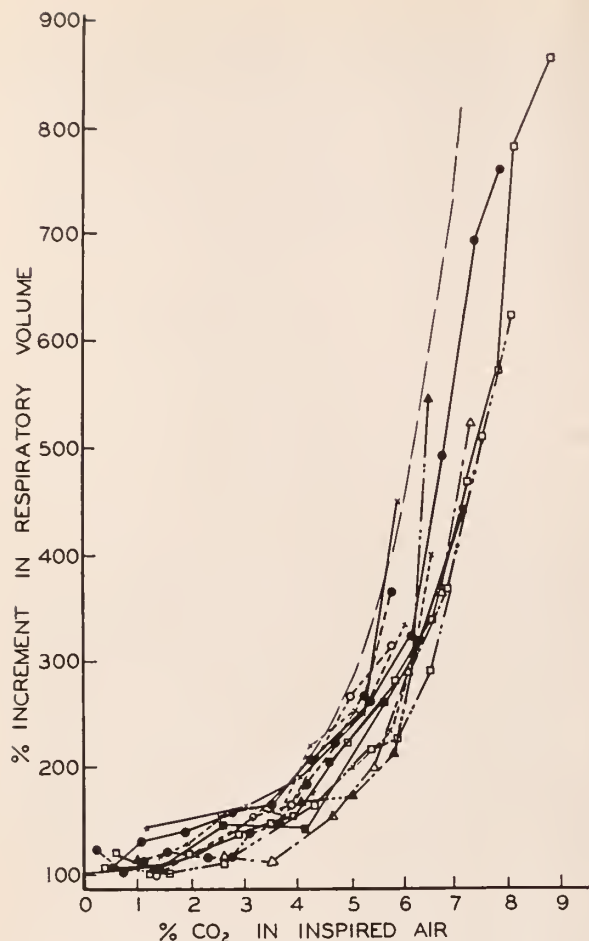


Fig. 1. Respiratory effect of breathing carbon dioxide in normal males. Data taken from Peabody⁹ and Davies, Brow and Binger.²⁵

RESPONSE TO CARBON DIOXID

The average response of normal subjects to varying concentrations of carbon dioxide is shown in a chart taken from Peabody's studies⁹ (Figure 1). Four per cent carbon dioxide approximately doubles respiratory volume and 7 per cent increases respiration sevenfold. Concentrations of carbon dioxide above 7 per cent when inhaled for a few minutes are unbearable except in rebreathing experiments.² Concentrations of over 10 per cent carbon dioxide cause anesthesia and respiratory depression, and for this reason, we believe, as do others, that higher concentrations should not be used. In fact, a concentration of from 5 to 7 per cent carbon dioxide produces an adequate increment in pulmonary ventilation and is probably optimal. Under certain conditions the response to carbon dioxide is altered. In cardiac failure, Peabody has shown that the inhalation of 2 per cent carbon dioxide approximately doubles the volume of ventilation. Drugs depressing to the central nervous system decrease the respiratory response to carbon dioxide.

Opinions have differed widely as to the effect of variations in the oxygen tension on the response to carbon dioxide. The work of Eastman¹⁰ and Selladurai and Wright¹¹ indicates that in states of severe anoxemia carbon dioxide is less effective as a respiratory stimulant than under normal conditions. At the other extreme, most observers have

felt that the oxygen tension does not sensibly affect the response to carbon dioxide, provided adequate oxygen (that is, the usual amount of oxygen in the air at sea level) be present. Shock and Soley¹² have shown that, at high oxygen tensions, the respiratory response to a given concentration of carbon dioxide is greater than to the same concentration of carbon dioxide mixed with air. As can be seen in Table 1, 4 per cent of carbon dioxide in air increases the respiratory volume by 97 per cent, while 4 per cent carbon dioxide in pure oxygen causes a respiratory increment of 122 per cent.

It is surprising that hospitals still use tanks of 30 per cent carbon dioxide and 70 per cent oxygen for the purpose of resuscitation. Recent work has shown that in the treatment of schizophrenia carbon dioxide has somewhat the same effect as insulin shock, metrazol convulsions, and nitrogen inhalations. Himwich and coworkers^{13,14} have demonstrated that in these three methods the oxygen uptake of the brain is decreased by about two-thirds, and they feel that the beneficial effects are due to cerebral anoxemia. It may well be that the inhalation of 20 to 30 per cent carbon dioxide disturbs the oxidation-reduction mechanisms within the cells. Loevenhart, Lorenz, and Waters¹⁵ have suggested this as a possible explanation for the effects of inhaling high concentrations of carbon dioxide. In any case, it seems clear that 10 per cent of carbon dioxide is the highest concentration that should be administered for respiratory stimulation.

OXYGEN VERSUS CARBON DIOXID

In respiratory depression and anoxemia, oxygen is the necessary therapeutic agent. As long as the circulatory system is intact, adequate oxygenation of tissues can be maintained by continually supplying oxygen through the lungs. If the patient is breathing spontaneously, this can be done by having him inhale pure oxygen. If he is apneic, oxygen should be administered by intrapharyngeal or intratracheal insufflation. Administration of pure oxygen not only saturates the hemoglobin with oxygen, but also increases the oxygen in physical solution by approximately 2 per cent. If these facts are kept in mind in the treatment of asphyxiated patients, they will have a greater chance for recovery. However, there are still definite indications for the administration of carbon dioxide mixed with pure oxygen.

THERAPEUTIC USES OF CARBON DIOXID

Carbon dioxide is still the most important respiratory stimulant in general anesthesia. It may be administered by having the patient rebreathe his own carbon dioxide, or by giving it directly from a tank.* Another important application of carbon dioxide in anesthesia is its use to increase the elimination of volatile anesthetics during the recovery period as suggested by Henderson, Haggard, and Coburn.³ It should also be remembered that carbon

* One of the reasons for the introduction of the carbon dioxide absorption technique by the anesthetists at Wisconsin General Hospital was the waste involved in anesthesia with gases unless inordinately high concentrations of carbon dioxide were allowed to accumulate in the semi-closed systems.

TABLE 1.—Increase in respiratory volume of normal subjects (expressed in per cent) caused by breathing 1, 2, and 4 per cent CO_2 mixed with 21 per cent O_2 and 1, 2, and 4 per cent CO_2 mixed with 99, 98, and 96 per cent O_2 , respectively. Each increase in respiratory volume represents the average effects of two tests with each mixture of CO_2 and O_2 .

Combinations Used	Sub-jects	Mean In-crease in Respi-ra-tory Volume in Per Cent
1 per cent CO_2 with 21 per cent O_2 1 per cent CO_2 with 99 per cent O_2	17	14.0 28.4
2 per cent CO_2 with 21 per cent O_2 2 per cent CO_2 with 98 per cent O_2	12	34.2 52.8
4 per cent CO_2 with 21 per cent O_2 4 per cent CO_2 with 96 per cent O_2	15	101.3 121.1

dioxid within therapeutic ranges elevates the blood pressure.

Inhalation of 7 per cent carbon dioxid and 93 per cent oxygen probably constitutes the best therapy for carbon monoxid poisoning. The mechanism of action is threefold: the oxygen overcomes the anoxemia, and the carbon dioxid not only stimulates respiration, but also aids in the breakdown of carbon monoxid hemoglobin by increasing acidity.^{16,17}

In selected cases, the inhalation of carbon dioxid is valuable postoperatively in preventing atelectasis and pneumonia, for it expands the lungs fully and loosens the bronchial secretions. King¹⁸ has found that in unselected cases the incidence of postoperative pulmonary complications is not changed by this procedure.

Mosso first reported the use of carbon dioxid for the relief of the symptoms of mountain sickness. At high altitudes, lack of oxygen causes a compensatory hyperpnea and secondary excessive loss of carbon dioxid through the lungs. Mountain climbers have found a practical application of this knowledge in the use of carbon dioxid for the prevention of periodic breathing, especially at night, in high altitudes. Gellhorn¹⁹ reported that 3 per cent carbon dioxid relieves all the symptoms of oxygen want until the concentration of oxygen in the inspired air falls below 8.5 per cent.

One of the common physiologic manifestations of the anxiety states is the hyperventilation syndrome.²⁰ Overbreathing from any cause results in excessive loss of carbon dioxid from the lungs and consequent tetany. This can be relieved almost immediately by inhalation of 3 to 5 per cent carbon dioxid. The "hysterical" patient is often in a state of hyperventilation tetany, and carbon dioxid should be considered for the temporary symptomatic relief of this condition. It may be added that the anxiety of patients undergoing operative procedures under local anesthesia often produces this phenomenon.

Carbon dioxid may be used in shock to raise the blood pressure and to increase the venous return to the heart. However, Yandell Henderson's²¹ original theory that acapnia causes shock has been modified by more recent work which implies, on

adequate grounds, that transfusion and other procedures are more important.

CONTRAINDICATIONS TO CARBON DIOXID

In many clinical conditions lack of oxygen, rather than deficiency in carbon dioxid, is the primary disturbance, and consequently the uses of carbon dioxid are limited. Respiratory stimulation is usually required in order to increase the amount of available oxygen; therefore, oxygen should always be given alone or with carbon dioxid. As long as cellular respiration continues, carbon dioxid is produced. In states of severe anoxemia, the sensitivity of the respiratory center to carbon dioxid is apparently reduced.

Eastman¹⁹ has shown that in the apneic newborn baby an excess of carbon dioxid is present. Therefore, oxygen should be administered rather than carbon dioxid. On the other hand, some babies may initiate respiration, but then have periods of difficult breathing and cyanosis. When these conditions are caused by the incomplete expansion of expansible lung tissue (Farber and Wilson²²), deepening of the respiration by carbon dioxid may be valuable.

Davies¹ and Boothby²³ state that carbon dioxid is contraindicated in laryngeal obstruction because it causes laryngeal spasm. A recent article,²⁴ published by the Council on Pharmacy and Chemistry of the American Medical Association, reiterates the warning against inhalation of carbon dioxid in clinical conditions associated with pulmonary edema, since the increased negative pressure within the thorax may accentuate the congestion in the alveoli. Finally, since the inhalation of carbon dioxid in concentration of 4 per cent or more causes a rise in blood pressure, it should not be used in hypertensive patients.

SUMMARY

When carbon dioxid is administered as a respiratory stimulant, it should not be given in concentrations of more than 5 to 7 per cent. Carbon dioxid should always be mixed with oxygen when it is used as a respiratory stimulant. The respiratory response to carbon dioxid is enhanced in the presence of high concentrations of oxygen. However, even with high concentrations of oxygen, 20 to 30 per cent carbon dioxid probably disturbs the oxidation reduction mechanisms of cells.

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ROENTGEN THERAPY IN THE TREATMENT OF ABSOLUTE GLAUCOMA*

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IN spite of the large background of clinical and experimental information which has accumulated during the past four decades, roentgen therapy is still looked upon by many as an empirical and

radical therapeutic procedure, to be used "as something to try" when other measures, however ineffective and sometimes less rational, have failed.

First employed for the treatment of pathologic lesions in 1896⁴ in a case of mammary carcinoma, it was rapidly adopted and widely used by professional and nonprofessional men alike. All types of diseases, both benign and malignant, were subjected to irradiation. There was no knowledge of its effect on living tissue, no means of controlling the quality of the beam, no accurate method of measurement, and no precedent to warn of the immediate or latent dangers of overdosage. As a consequence, many disastrous tissue reactions or "burns" occurred, giving rise to a fear and prejudice of its use which even now lingers in the minds of many.

Today the roentgenologist can measure accurately, in an internationally accepted unit, the "roentgen" or commonly called "r" unit, the amount of x-ray produced by a given piece of apparatus in a given period of time. The quality can be governed by control of kilovoltage and filtration, thus removing all but the "human equation" hazard incident to irradiation. It is true that the roentgen ray can only be used safely by one who has a knowledge of its characteristics and of its clinical application. In the hands of the untrained it is, and will remain, a most dangerous method of treatment.

INCREASING USE OF ROENTGEN THERAPY IN OPHTHALMOLOGY

That roentgen therapy is becoming more widely used in ophthalmology is attested by the fact that more and more cases are being referred to the radiologist for treatment, and a voluminous literature is accumulating on the subject. Aside from many types of intra- and extra-ocular neoplasms, roentgen therapy is of value in various ophthalmic disorders and infections. Many believe that some should be treated by radium, and others by the roentgen ray; but it is the writer's opinion that there is no evidence to support the claims of one over the other. Certain factors may determine which source it is most desirable to use in a given case, but the clinical results should be the same with either. Some of the conditions in which radium or roentgen rays have been successfully used are listed: Absolute glaucoma¹⁰⁻¹⁴; blepharitis⁹; blastomycoses⁶; cellulitis, orbital²; choroiditis⁸; corneal ulcers and opacities^{2,3}; conjunctivitis, follicular,⁸ tuberculous,¹² vernal³; entropion⁶; erysipelas⁶; granuloma⁶; hemorrhage, traumatic³; iritis, simple and tuberculous^{2,3,8}; keratitis, simple ulcerative, interstitial^{1,2,3,9}; leukoma, combined with surgery⁵; maculae⁵; pannus, trachomatous^{1,3,5}; pterygium,^{2,3} postoperative recurrent⁵; opacities, vitreous^{2,3}; sclerositis and episclerositis⁸; staphyloma⁵; sympathetic ophthalmia²; trachoma,^{1,2,3,5} "x-ray almost a specific," acute and subacute; traumatic ulcers, infected⁸; and uveitis.^{1,3}

FIRST USE OF IRRADIATION IN GLAUCOMA

Irradiation was first used in the treatment of glaucoma in 1906.¹⁰ Radium was so applied that

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TABLE 1.—Outline of Course in Relation to X-Ray Therapy

CASE 1.—MR. W. C. S.			
1937	Dose		
July 30	150 r	Pain relieved in six hours.	
August 2	150 r	Pain recurred. No change in tension.	
August 5	150 r	Pain severe. No change in tension.	
August 7	150 r	Pain severe. No change in tension.	
August 9		Enucleation.	
CASE 2.—MR. C. S.			
1939	Dose		
April 7	200 r	Pain somewhat less in twenty-four hours.	
April 10	200 r	No pain.	
April 12	200 r	No pain.	
April 14	200 r	Pain recurred very severe.	
April 17	200 r	Pain recurred very severe. No change in tension.	
April 18		Enucleation.	
CASE 3.—MRS. M. D.			
1937	Dose		
February 15	100 r	Pain improved in twenty-four hours.	
February 17	200 r	Pain improved.	
February 23	200 r	Pain gone entirely.	
February 25	200 r	Tension decreasing slowly.	
Followed for two years. No return of symptoms.			
CASE 4.—MRS. W. L. D.			
1939	Dose		
April 14	200 r	Pain improved in twenty-four hours.	
April 18	200 r	Pain improved.	
April 21	200 r	No pain. Gradual decrease in tension.	
Followed for eleven months. No return of symptoms.			
CASE 5.—MRS. K. O'B.			
1940	Dose		
March 4	150 r	Pain improved in twenty-four hours.	
March 6	150 r	Pain improved considerably.	
March 8	150 r	Pain entirely gone. Tension down somewhat.	
March 11	150 r	Pain entirely gone. Tension down somewhat.	
March 13	150 r	Pain entirely gone. Eye soft to palpation.	

the total dosage over a period of several weeks was only 12.46 milligram hours, given in individual treatments of 0.89 milligram hours filtered through lead. In spite of this infinitesimal dosage, the patient showed some temporary improvement, which was lost when the treatments were discontinued. Corbett reported three cases treated successfully in 1924.¹¹ This method of treatment was not generally accepted, however, and it has only been in the past decade that irradiation has been looked upon as producing favorable results in the treatment of absolute glaucoma. The action of the rays is not fully understood, but is probably based upon mechanical changes produced in the orbital circulation, in addition to the analgesic properties which are well known and widely used in many other disorders. All of the cases of absolute glaucoma observed showed relief of pain before reduction in tension. The latter must be brought about by restoration of the uveal circulation through the destruction of the dammed-up white blood cells, thus clearing the way to allow the escape of the accumulated circulatory fluids. The popular idea that a primary circulatory congestion is produced by irradiation is erroneous. It is true that a lasting vasodilatation does occur, and this, followed by clearing of the capillary channels of circulatory debris, probably produces an acceleration of the transorbital circulation.

TECHNIQUE OF TREATMENT

A wide variation in the technique is reported when using either radium or roentgen rays. That used in the cases in this series seems logical if the assumption of the mechanism of action is correct. The factors were 200 k. v. p., 0.5 mm., cu. 1.0, al. filters, and 5 cm. diameter portals, 50 cm. target skin distance. Filtration of 0.5 mm. of copper plus 1.0 mm. of aluminum was used on all the cases to allow a wider margin of safety in case a protracted or repeated series became necessary. The interval of treatment varied from one to four days, and the individual doses from 100 r to 200 r with equal results. It might be that more frequent applications of different-size doses will prove to be more effective in refractory cases. The largest total dose given to any of these patients was 1000 r, and in none did any undesirable reactions occur. None developed a roentgen conjunctivitis or skin erythema, and no late manifestations of damage have developed (Table 1).

INDICATIONS FOR TREATMENT

Roentgen therapy is indicated in every case of absolute glaucoma where the ophthalmologist is faced with the alternative of enucleation. Treatment should be given a trial for at least five days before enucleation is considered, and then only if there has been no subjective improvement. Failure of reduction of intra-ocular tension is not a good criterion of failure, since it may not occur until some time after the treatment is instituted. So far as is known there is no contraindication to treatment.

In all the cases treated, pain relief was the first sign of improvement. This occurred to some degree in all cases within twenty-four hours after the first treatment. After relief of symptoms, the patient should be kept under careful observation and treatment resumed if any suggestion of recurrence is evident. The earliest decrease in intra-ocular tension occurred four days after starting treatment. In one case the fall was gradual, and two supplementary treatments were necessary six days after the first series to secure satisfactory results (case M. D.).

REPORTS IN THE LITERATURE

Recently, reports of the beneficial effects of roentgen therapy of absolute glaucoma have appeared in the literature. Hess¹² reported fifteen cases; of these, twelve were idiopathic, of which nine showed good results with relief of pain and lowered intra-ocular pressure. Three cases were unsatisfactory—one, because of dispersed dosage, became refractory; and two, because of subsequent ulceration, required enucleation. Three cases of secondary glaucoma failed to improve after treatment. He gave a total dosage of 800 r to each patient. Wachner¹³ reported fifty-seven cases: three acute, thirty chronic, and twenty-four of secondary glaucoma. Of all three groups, 68.4 per cent were relieved of pain. A smaller percentage showed lowered intra-ocular tension. Kreibitz¹⁴ reported two cases of chronic glaucoma in which the pain improved; five cases in the final stage in which

TABLE 2.—Results Obtained by Radiation Therapy of Absolute Glaucoma

	Total Cases	Good Results	Failure
Hess	15	10	5
Wachner	57	39	18
Kreibitz	20	17	3
Corbett	3	3	—
	95	69	26
This series	5	3	2
Total	100	72	28

the pain disappeared completely; and ten cases of secondary glaucoma, of which seven improved and three required enucleation. Treatment given was 50 r units at intervals of two to three days to a total of 150 r followed by a second series in two to three weeks if indicated (Table 2).

REPORT OF CASES

Five cases are presented in this series, three of which obtained relief, two responded poorly, and enucleation was done in both, eleven days following institution of treatment. Each had an initial relief of pain, which later recurred. The intra-ocular pressure in these two cases was not affected by the treatment, while in the three cases treated successfully the increased tension gradually returned to normal.

CASE 1.—W. C. S. (Patient of Dr. Otto Barkan and Dr. S. F. Boyle.)

Patient, age 73, was first seen on July 22, 1937.

Past History.—Cataract extraction of the left eye elsewhere two years ago; following cataract extraction the patient struck shield with hand and ruptured eyeball. In 1936, cataract extraction of right eye was done elsewhere. Third day postoperative, he suffered renal colic and this was followed by intra-ocular hemorrhage. Dissection of the right eye was done in 1937.

History.—Vision, first examination at this office, right eye, fingers at three feet; left eye, amaurotic. The patient gave a history of glaucoma in both eyes of three years' duration. He stated that glaucoma was diagnosed in both eyes in 1934. Cyclodialysis was performed on July 22, 1937, on the right eye. There was severe pain the following day and hyphema. Secondary hemorrhage on the third day. The patient noticed positive scotoma. One week following, vision was reduced from previous counting fingers at three feet to bare light perception. Pain in the eye became intense, and retrobulbar injection with 4 per cent novocain was done. First x-ray treatment was given, and pain was relieved within six hours. Second x-ray on August 2 and on the 5th, tension remained high. The eye was painful and third x-ray treatment was given. On August 6, patient was nauseated; ocular pain continued. On August 7, final x-ray treatment. On August 9, as the patient suggested enucleation on account of continued ocular pain, the operation was done.

Two years later the left blind eye was also enucleated due to recurrent attacks of pain.

CONCLUSION.—Four x-ray treatments did not relieve pain in absolute glaucoma in this case.

S. F. BOYLE, M. D.

CASE 2.—Mr. C. S. (Patient of Dr. S. Maisler.)

Patient, 52 years of age, was first seen on February 24, 1939. He gave a history of having blurred vision of the right eye for the previous one month. He had a central venous thrombosis, and his intra-ocular tension was normal. He was placed on a saturated solution of potassium iodid. When seen two weeks later, his vision had improved

very slightly. He was not seen again until April 7, 1939, at which time his right eye was very painful and congested, there was no fundus reflex, and his intra-ocular tension for this right eye was twice the upper limit of normal. He was then started immediately on x-ray, which relieved his pain for the next six days; but from April 15 to April 18, 1939, the pain was so severe that enucleation finally had to be done.

S. MAISLER, M. D.

CASE 3.—Mrs. M. D. (Patient of Dr. Otto Barkan and Dr. S. F. Boyle.)

Patient, age 64; first examined in 1935; complained of gradual reduction of vision, no halos or mists. Vision, right eye, hand movements and left eye, 3/10. Examination disclosed hemorrhagic glaucoma of the right eye and simple glaucoma of the left. Tension, right eye 70 (McLean) and left eye 80 (McLean).

Several glaucoma operations were performed on the right eye in an attempt to normalize the tension, but they were ineffective. On October 14, 1937, developed severe pain in the right eye. With this increase of pain, vision was lost and enucleation was considered. X-ray treatment on several occasions. Pain disappeared and headaches have not returned. It is now two years since last treatment and the patient remains comfortable to date.

S. F. BOYLE, M. D.

CASE 4.—W. L. D. (Patient of Dr. D. O. Harrington.)

Patient had a very severe diabetes since the age of fourteen. There was periodic neglect of her condition, and in August, 1935, there suddenly appeared a severe diabetic retinitis in both eyes, followed by vitreous hemorrhage and retinal detachment and, finally, by complete loss of vision. The tension on the first examination was normal. In 1936 there was a sudden rise in the tension of the right eye which subsided partially with better control of the diabetes. In April, 1939, there was a sudden onset of bilateral acute glaucoma, with steamy cornea and some degenerative changes in the cornea in the lower third. The eyes were very red and very painful, and the tension was 70 plus (Schiotz). The use of eserine drops and hot compresses and massage did not materially improve matters.

On April 14, she was given her first x-ray treatment and, as you know, there was an immediate cessation of pain within twenty-four hours. The degenerative changes in the cornea continued to give some trouble, so that the eyes remained slightly injected locally in the area of the ulcers, but the pain was much reduced. The cornea gradually cleared under local therapy and with it the ciliary injection decreased, the pain disappeared, and the tension gradually came down. The patient was last seen on March 19, 1940, and has been very comfortable since September of 1939.

DAVID O. HARRINGTON, M. D.

CASE 5.—K. O'B. (Patient of Dr. D. O. Harrington.)

Patient was first seen by me on February 29, 1940. She had an extremely red, very painful right eye of four days' duration. This right eye, she says, had been completely blind for six months or more and the vision had been gradually decreasing for two years before that. The exact history of visual loss is rather indefinite, but she had not had any previous irritation or pain. The onset of the present complaint was sudden and the pain was so severe as to cause nausea and vomiting, and seemed to extend well into the head and occipital region.

Examination showed a typical acute congestive glaucoma. The tension was 75 (Schiotz). The cornea was steamy, there was a generalized congestion of the whole eye, the pupil was maximally dilated and fixed, the lens was completely opaque from an old cataract, and fundus was not seen. There was absolutely no vision.

On March 4, the condition of the eyes was essentially the same, in spite of local therapy, with the addition of a fairly good-sized anterior chamber hemorrhage. Patient was sent for x-ray therapy, and the following day there was considerably less pain.

By March 8 the patient complained of no more pain, either in the eye or in the head. The hemorrhage was absorbing, the pupil was definitely smaller and the tension

had gone down somewhat, although it was still elevated. By March 13 the eye was soft to palpation. The pupil was back to normal size, injection had considerably diminished, and the pain had completely subsided.

D. O. HARRINGTON, M. D.

SUMMARY

Roentgen therapy can be of value as a supplementary form of treatment in absolute glaucoma, and in some cases by its use enucleation may be avoided.

In the event of failure, removal can be done without fear of undesirable complications arising as a result of the irradiation. A review of other ophthalmic disorders in which roentgen therapy can be of aid is included.

CONCLUSIONS

1. It is to be strongly emphasized that roentgen therapy should only be given after ophthalmologic consultation, and that close observation and coöperation between the ophthalmologist and roentgenologist are essential to produce satisfactory results.

2. Five original cases of absolute glaucoma are presented, of which three cases were completely relieved of symptoms and the intra-ocular tension reduced.

3. The results obtained in ninety-five cases of absolute glaucoma reported in the literature are reviewed. Sixty-nine of these were benefited, while twenty-six failed to respond to the treatment.

4. There are no contraindications to the treatment, and since there is no known means of selecting cases every case of absolute glaucoma should have a trial of irradiation when enucleation is the only other alternative.

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THE LITERARY PHYSICIAN: A NOTE ON OSLER'S ESSAYS*

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FALCONER MADAN'S remark that Osler, in his *Principles and Practice of Medicine*, "succeeded in making a scientific treatise literature," has been partly substantiated with the recent publication of *This Generation*, an anthology of selections from recent American and English literature.¹ For along with Robert Frost, the eminent New England poet, Edna St. Vincent Millay, Robinson Jeffers, and other contemporary poets, Theodore Dreiser, Eugene O'Neill, and James Joyce, appears Sir William Osler's "Neurasthenia" from the 1930 edition of the *Practice*. Preceded by a brief note which calls Osler's writings "invariably gentle, kind, suave, but hard and clear in their scientific authenticity," the selection from Sir William is included in the section entitled "Scientific Observers"; and two other observers are William Beebe and Julian Huxley.

But this is not the first time Osler's writings have been in anthologies, although it is the initial instance of the *Practice* being used for its literary value. "The Student Life" has been the most popular of his many essays; and just this summer a new anthology, *Reading and Thinking*,² included it (in part) side by side with Oliver Wendell Holmes's "Autocrat of the Breakfast Table." Incidentally, a few pages from Dr. Hans Zinsser's *Rats, Lice, and History*, and Dr. Logan Clendenning's *The Human Body*, are also in this unusual compilation. Christopher Morley was the first critic to use "The Student Life" in a collection of essays, and, in doing so, he remarked that Osler's "honorable place as a man of letters" should be "more generally understood."³ Professor Franz Montgomery⁴ and Professor Warner Taylor⁵ later chose this brilliant essay for their anthologies. Osler's "Science and Immortality" has also found its way into a volume of literary essays, *The Farther Shore*, which is limited, however, to the topic of immortality.⁶

I have elsewhere pointed out certain literary⁷ and historical⁸ aspects of the essays by Sir William. No one can avoid, on reading his many essays—or even the magnum opus, the *Practice*—coming to the conclusion that innumerable classical allusions and the wealth of literary flavor must have been born of a tremendously wide reading and research. Doctor Cushing's *Life of Sir William Osler* and the enormous *Bibliotheca Osleriana*'s keen critical annotations give sufficient proof of this. One could certainly get a liberal education in literature merely

* From the Department of English, Pacific States University.

by tracking down all of his quotations and allusions. From Plato to Walt Whitman through Shakespeare, Sir Thomas Browne, Keats, Shelley, and the Bible—a mere list of his reading would fill pages!

In addition to his wide reading, there is a diversity that is astonishing, a diversity that carries over to his writing and activities. This remarkable physician, teacher, essayist, lecturer, historian, and bibliographer has books and essays in no less than six departments of the Los Angeles Public Library. One may find, for example, *The Alabama Student and Other Biographical Essays* (New York, 1908) and the pamphlet on *Michael Servetus* (Oxford, 1909) in the Biography and History Room. In the Teachers' Room are his *Old Humanities and the New Science* (Boston, 1920) and "Vocation in Medicine and Nursing," in Basil Mathews' *Essays on Vocation* (Oxford, 1919, pp. 119-128). The Philosophy and Religion Room has *Science and Immortality* (Boston, 1904) and the odd, privately printed volume, *Messages on Healing, Understood to Have Been Dictated by William James, Sir William Osler, Andrew Jackson Davis and Others, and Received by Mrs. Jane Revere Burke, Sitting with Edward S. Martin* (1936). In the Literature and Philology Room are the several anthologies and Osler's *Student Life and Other Essays* (Boston, 1931). In the Science Room, of course, is the *Principles and Practice* in several editions, and there one also may find *Bibliotheca Osleriana* (Oxford, 1929) and *The Evolution of Modern Medicine* (New Haven, 1921). The Periodical Room contains, among others, under general reading, "Burton's Anatomy of Melancholy," in the *Yale Review* (2:251-271, January 1914), "Greek at Oxford" in the *Nation* (91:544-555, December 8, 1910), and "Man's Redemption of Man" in the *American Magazine* (51:246-252, December 1910).

The list is by no means complete. If the Los Angeles Library had them, the *Æquanimitas* volume and *Creators, Transmuters, and Transmitters as Illustrated by Shakespeare, Bacon, and Burton* would certainly be among the literary and philological works. Here, too, the *Alabama Student* might well be placed; for, says Christopher Morley, the essay on Keats "taken with Kipling's wonderful story, *Via Wireless*, tells the student more about that poet than many a volume of biography." And if allusion and quotation are any criterion, any number of his works could be catalogued among works of literature. To choose at random, for instance, *Science and Immortality*: this contains quotations from the Bible (the Books of Job, Esdras, Psalms, Galatians, Isaiah, Ecclesiastes, Acts, Corinthians, and Matthew), from Aristotle's *Ethics*, Plato's *Phaedo* and *Apology*, the *Odyssey*, Horace's *Carmina*, from Terence, Goethe, from Browne's *Religio Medici* and *Hydriotaphia*, from Burton's *Anatomy of Melanchology*, John Donne's *Biathanatos*, Shakespeare's *Midsummer Night's Dream*, Milton's *Areopagitica* and *Eikonoklastes* and *Paradise Lost* and *Hymn to the Nativity*, from Montaigne, from Shelley's *Adonais*, Tennyson's *Maud* and *In Memoriam*, Pater's

Marcus the Epicurean, Stephen Phillips' *Herod*, from the *Rubaiyat of Omar Khayyam*, Jowett on Buddhism, and from Holmes's *Autocrat of the Breakfast Table*. This does not include the mass of allusions made to various literary subjects and characters without actually quoting!

Osler was never all doctor: it could never have fallen to a genius of his stature to be *all* any one thing. His eminence in the scientific realm has done much to obscure his greatness as an author; yet it served at the same time to develop his literary talents. Like Byron, we "hate the author who is *all* author"; such a narrowness is impossible in a man of Osler's great intellect and wide sympathies. The heaven of science in his literary work served to raise it "above the common dough" and to give it specific as well as universal purpose.

1117 Venice Boulevard.

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8. "The Biographical Essays of Sir William Osler and Their Relation to Medical History," Bull. Hist. Med., 7:28-48 (Jan.), 1939.

CLINICAL NOTES AND CASE REPORTS

BLOOD BANK: SAN FRANCISCO HOSPITAL*

By J. C. GEIGER, M. D.
San Francisco

ON December 7, 1939, the Blood Preservation Laboratory (usually referred to as the Blood Bank) officially opened for business at the San Francisco Hospital. The original inauguration of the Blood Bank was made possible by donations coming through the University of California and

* First annual report, December 31, 1940.

By J. C. Geiger, M. D., Director of the San Francisco Department of Public Health.

Stanford University Medical Schools. Specifically, the Blood Bank represents a system under which human blood from volunteer donors is tested, certified, and preserved for the preservation of human life. Under the Blood Bank system, human blood is available for immediate use in emergency operations or other cases. Having a Blood Bank set-up to receive deposits permits the drawing of blood and the replacement of equal amounts by relatives or friends of the patients receiving the blood transfusions.

After one year of operation (from December 7, 1939, to December 1, 1940) the Blood Bank is now making it possible to give approximately 170 blood transfusions a month. Previously it was possible to give an average of only about forty blood transfusions a month. Most of these had to be paid for by the Department of Public Health at a cost of \$25 per blood donor.

The following summary shows the monthly payments to blood donors by the hospital during the six months just preceding the opening of the Blood Bank:

July	\$1,075.00
August	575.00
September	1,050.00
October	1,050.00
November	875.00
December	175.00

During the calendar year 1940 only about \$100 per month has been expended for professional blood donors in the few cases where patients required blood types not available at the time in the storehouse of the Blood Bank. During the first year of operation, blood was taken from 1,747 individuals and transfusions given to 1,670. The variety of cases assisted by blood transfusions covers a wide field, including acute surgical emergencies, obstetrical cases, accident, shock, chronic anemia, and many cases throughout the hospital needing human blood to recover from the effects of disease, accident, and injury. Every division of the hospital shared in the benefits of the expanded Blood Bank program. These divisions include men's and women's surgery, and all the surgical specialties, obstetrics and gynecology, urology, the contagious disease wards and the tuberculosis division.

The program of the Blood Bank has also set up a plan to provide for giving blood transfusions to patients in the various emergency hospitals of the San Francisco Emergency Hospital Service. This provides for those cases urgently in need of human blood, where it is felt that the patient is too ill to risk immediate removal to a private hospital or to the San Francisco City and County Hospital.

It is of particular interest to present a brief summary of the financial report of the Blood Bank for the first year:

<i>Contributions by the Department of Public Health for the Year Ending November 30, 1940</i>	
Equipment	\$1,036.40
Materials and supplies	1,371.49
Salaries	
One female orderly, twelve months..	1,160.00
One technician, nine months.....	930.00
	\$4,497.89

<i>Donated to the Blood Bank</i>	
(a) By the Rosenberg Foundation, salary of chief technician (July 1, 1939 to June 30, 1941)	4,800.00
Operating expenses and sup- plies	1,200.00
(b) By Cutter Laboratory, Berke- ley, California, supplies.....	750.00
(c) By an anonymous donor.....	100.00
	\$6,850.00
	\$11,347.89

This cost does not actually represent the total cost of carrying on transfusions in the hospital, inasmuch as the complete program includes the services of a number of nurses and doctors who assist in the work. However, the cost of the operation of the Blood Bank proper may be conservatively estimated to be \$11,347.89.

COMMENT

Several interesting points have developed during the first year of the operation of the Blood Bank:

1. Of the 1,747 blood samples taken from prospective donors:
 - (a) Forty-eight, or 2.7 per cent, showed a positive Wassermann.
 - (b) Twelve, or 0.6 per cent, showed a history of malaria.
 - (c) Twelve, or 0.6 per cent, clotted or hemolized.
 - (d) Seven, or less than 0.5 per cent, of the blood specimens drawn were not used, due to unsatisfactory condition of the blood.
 - (e) Only 165, or 10 per cent, of recipients showed any reactions, and no deaths resulting from transfusions (even the slightest disturbance was called a reaction).
2. Ten prospective donors preferred to pay \$25 each for their friends or relatives, instead of offering their own blood for transfusion purposes.
3. The financial saving to the city of San Francisco for the first year of operation of the Blood Bank may be conservatively estimated as follows:

(a) Donation—Rosenberg Foundation.....	\$ 6,000.00
(b) Donation—Cutter Laboratories.....	750.00
(c) Volunteer blood donors (approximately 1,700 at \$25 each).....	42,500.00
(d) Anonymous donor	100.00
Total.....	
	\$49,350.00
(e) Human lives saved.....	
(f) Shortened hospital terms of 1,670 patients at approximately \$6 per day.....	

SUMMARY

In reviewing the results of the first year's operation of the Blood Bank, it is appropriate to express our sincere thanks to the Rosenberg Foundation, to the Cutter Laboratories of Berkeley, California, and to an anonymous donor of \$100, for financial assistance in launching the Blood Bank on its career. It is also in order to thank all who have had a part in making the first year of operation such a stimulating success.

It is with a great source of satisfaction that we look forward to a second year with the hope that the high efficiency of the Blood Bank may even be improved, and that the benefits derived by the weak, the injured, and the sick may be extended and enlarged in ever-increasing measure.

HIPPOCRATES' APHORISMS*

By M. SCHOLTZ, M. D.
Arcadia

SECTION FOUR (Continued)

47. If in remittent fevers sputum, feces
Or urine are fetid, bloody-dark or bilious,
(Unless excreta flow properly and freely)
The symptom must be viewed as quite serious.
48. If in remittent fevers the skin feels cold,
While the inside is parched and overheated,
And, if the sick is suffering from thirst,
Then in his fight for life he'll be defeated.
49. If in a sick with a remittent fever
A lip, an eye or nose is twisted out of shape,
And, if there be a loss of sight or hearing,
Then from the fatal end he won't escape.
50. If at the first crisis
In a fevered sickness,
An abscess does not melt away,
The sickness will much longer stay.
51. Non-intermittent fever,
Delirium and short breath
Are a dangerous combination:
It spells impending death.
52. If the sick shed tears, affected by emotion,
It's in accord with norm and is of no concern,
But if flowing tears are not brought by feelings,
Then matters take a much more serious turn.
53. If in a fevered illness
Concretions grow upon the gums,
The fever violent becomes.
54. If in a case of ardent fever
Dry tickling cough does linger on
And, if the sputum's also meager,
The patient's thirst is well-nigh gone.
55. All but ephemeral fevers
Are of a serious portent,
If also buboes are present.
56. Sweat supervening in a fever,
Without causing the fever to end,
Is bad: it means protracted illness
And more toxemia to impend.
57. A fever which occurs
In a case of fixed contraction,
Or tetanus oft brings
A curative reaction.
58. An ardent fever,
Broken by a chill,
Is oft brought by it
To a complete standstill.
59. A true tertian fever
By a crisis is lost
In seven periods
At the most.
60. If during fever sets in deafness,
Or a free nose-bleeding should ensue,
Or bowel trouble should develop,
A cure of sickness may accrue.
61. A fever which doesn't leave
On the odd days,
A trend to form relapses
Oft betrays.
62. When jaundice supervenes in fever
Before the seventh day,
It is indeed an evil omen, unless
Some liquid stool is cast away.
63. If chill in a fever
Comes during the day,
The fever passes
The very same day.
64. When in a case of fever jaundice comes
On the 7th, 9th, 11th, 14th days,
It's a hopeful sign and augurs well,
If the pit of the stomach tender stays.
65. It should be viewed as a serious sign
If a fevered patient does complain
Of stomach heat and stomach pain.
66. If spasms and pains in the intestines
With acute fevers are combined,
The sickness is
Of a dangerous kind.
67. When after sleep or a convulsion
A fevered patient gets a fright,
It is indeed an evil omen,
Forecasting his sad plight.
68. If a fevered patient's respiration
Suddenly suspends,
It is an omen indicating
That a spell of fits impends.
69. When in a case of fever urine,
Which was well grumous, thick and scant,
Becomes more copious and fluid,
It's an encouraging event.
70. When in a case of fever
Urine is turbid and opaque,
Like that of a beast of burden,
Either there is or will be headache.
71. Red spots in urine
Seen on the fourth day,
Mean a crisis on the seventh,
If other signs point the same way.
72. Urine transparent,
White and clear,
Is a bad symptom, apt
In brain ills to appear.
73. If the stomach-pit in fever is blown up with
gas
And the loin region is affected with sharp
pains,
The bowels do get watery and loose,
Unless through flatus and free urine the body
drains.

* For other aphorisms, see CALIFORNIA AND WESTERN MEDICINE, March 1940, page 125; April 1940, page 179; May 1940, page 231; July 1940, page 35; August 1940, page 85; September 1940, page 130; December 1940, page 272; January 1941, page 27.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

HARRY H. WILSON.....President
HENRY S. ROGERS.....President-Elect
LOWELL S. GOIN.....Speaker
PHILIP K. GILMAN.....Council Chairman
GEORGE H. KRESS.....Secretary and Editor

INDEX

1. *Official Notices:*
Proposed Amendments to Constitution.
Executive Committee Minutes (Abstract).
2. *Committee on Medical Preparedness.*
3. *Committee on Legislation and Public Policy.*
4. *Committee on Postgraduate Activities.*
5. *Committee on Public Health Education.*
6. *Committee on Public Relations.*
7. *Cancer Commission.*
8. *Committee on Scientific Work (Annual Session).*
9. *Committee on Health and Public Instruction (Los Angeles Health Defense Exposition).*
10. *County Societies:*
Changes in Membership.
In Memoriam.
11. *Woman's Auxiliary.*
12. *California Physicians' Service.*

OFFICIAL NOTICES

Proposed Amendments to the Constitution of the California Medical Association

At the thirty-seventh annual session of the House of Delegates, held at Hotel Coronado, May 6, 1940, seven amendments to the Constitution were submitted. Proposed amendments, listed below under captions I to V, were submitted by John W. Cline of San Francisco (noted in printed minutes in CALIFORNIA AND WESTERN MEDICINE, June, 1940, on page 266), and amendments having numbers VI and VII were presented by E. T. Remmen of Los Angeles (noted in printed minutes in CALIFORNIA AND WESTERN MEDICINE, June, 1940, on page 272. Error in use of John D. Ruddock's name in electric recorder transcription was corrected in CALIFORNIA AND WESTERN MEDICINE, December, 1940, on page 273.

Procedure to be followed in consideration of proposed amendments is outlined in Article XV, Section 1, as follows:

ARTICLE XV.—AMENDMENTS

SECTION 1.—*Procedure to Amend Constitution*

Any member of the House of Delegates at any meeting of any regular annual session thereof may present an amendment or amendments to any article or articles or any section or sections of any article or articles of this Constitution.

Such proposed amendment or amendments shall be in writing and shall be filed with the Secretary and shall thereafter be published at least twice in separate issues of the OFFICIAL JOURNAL of this Association prior to the next regular session of the House of Delegates.

At the said next regular session of the House of Delegates, such proposed amendment or amendments shall be submitted to the House of Delegates, for consideration at any meeting of the House of Delegates during that annual

† For complete roster of officers, see advertising pages 2, 4, and 6.

session, and if two-thirds of the delegates present and voting vote in favor thereof the same shall be adopted.

1 1 1

Proposed amendments submitted by Dr. John W. Cline:

PROPOSED AMENDMENT TO CONSTITUTION: NO. I

Resolved, That Section 1(b) of Article V of the Constitution of this Association, California Medical Association, be and the same hereby is amended by inserting before the period and after the word "Constitution" the following: "excepting the Secretary-Treasurer and Editor," so that said Section 1 (b) of Article V shall hereafter read as follows:

(b) The officers of this Association enumerated in Section 1 of Article X of this Constitution, excepting the Secretary-Treasurer and Editor.

That is an amendment to the Constitution.

1 1 1

PROPOSED AMENDMENT TO CONSTITUTION: NO. II

Another amendment to the Constitution:

Resolved, That Section 8 of Article VII of the Constitution of this Association, California Medical Association, be and the same hereby is amended by inserting after the comma which follows the words "Public Relations," the following: "and ex officio, but without the right to vote," so that said Section 8 of Article VII will hereafter read as follows:

SECTION 8.—*Executive Committee*

The Executive Committee shall consist of the President, the Past President, the President-Elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Chairman of the Committee on Public Relations, and ex officio, but without the right to vote, the Secretary-Treasurer and the Editor.

1 1 1

PROPOSED AMENDMENT TO CONSTITUTION: NO. III

Another amendment to the Constitution:

Resolved, That Section 11 of Article X of the Constitution of this Association, California Medical Association, be and the same hereby is amended by striking out of said Section 11 the following:

SECTION 11.—*Election of Council Chairman; Council Vice-Chairman; Secretary-Treasurer; Editor and Associate Editors*

The Council, at the organization meeting thereof, shall elect a Chairman, a Vice-Chairman, a Secretary-Treasurer, an Editor; and, in its discretion, one or more Associate Editors, each to serve for the term of one year. and by inserting in lieu thereof the following:

SECTION 11.—*Election of Chairman and Vice-Chairman of Council; Employment of Secretary-Treasurer, Assistant Secretaries, Editor and Associate Editors*

The Council, at the organization meeting thereof, shall elect a Chairman and a Vice-Chairman, each to serve for the term of one year. It shall also employ, if any vacancy exists, a Secretary-Treasurer and an Editor, and, in its discretion, one or more Assistant Secretaries or Associate Editors. The terms of their employment shall be such as are satisfactory to the Council, provided, however, that no contract of employment shall, by its terms, exceed a period of three years from the date of the organization meeting at which such contract is authorized.

1 1 1

PROPOSED AMENDMENT TO CONSTITUTION: NO. IV

Another:

Resolved, That Section 12 of Article X of the Constitution of this Association, California Medical Association, be and the same hereby is amended by striking out all of said Section 12 reading as follows:

SECTION 12.—Qualifications of Secretary-Treasurer and Editor

No person shall be eligible to the office of Secretary-Treasurer or Editor or Associate Editor who does not hold the degree of Doctor of Medicine, but membership in this Association shall not be a necessary qualification for the offices of Secretary-Treasurer, Editor, or Associate Editor.

and by inserting in lieu thereof the following:

SECTION 12.—Qualifications of Secretary-Treasurer and Editor

The Secretary-Treasurer, the Editor, Assistant Secretaries and Associate Editors may, but need not, hold the degree of Doctor of Medicine, and may, but need not, be members of this Association.

PROPOSED AMENDMENT TO CONSTITUTION: NO. V

An amendment to the Constitution:

Resolved, That Section 1 of Article VII of the Constitution of this Association, California Medical Association, be and it hereby is amended by striking out of the first paragraph of said Section 1 the following: "and the Chairman of the Committee on Public Relations" so that the said first paragraph of Section 1 of Article VII will hereafter read as follows:

The Council shall consist of the Councilors and ex officio: the President, the Past President, the President-Elect, and the Speaker of the House of Delegates, each with all the rights of a Councilor.

and be it further

Resolved, That Section 8 of Article VII of the Constitution of this Association be and the same hereby is amended by striking out of said section the following: "the Chairman of the Committee on Public Relations," so that said Section 8 of Article VII will hereafter read as follows:

The Executive Committee shall consist of the President, the Past President, the President-Elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Secretary-Treasurer, and the Editor.

and be it further

Resolved, That Section 1 of Article X of the Constitution of this Association be and the same hereby is amended by striking out of said Section 1 the following: "the Chairman of the Committee on Public Relations," so that said Section 1 of Article X will hereafter read as follows:

The officers of this Association shall be a President, a Past President, a President-Elect, a Secretary-Treasurer, a Speaker of the House of Delegates, a Vice-Speaker of the House of Delegates, an Editor and fifteen Councilors (six of the fifteen Councilors being elected as at large and nine from Councilor Districts, as herein provided).

and be it further

Resolved, That Section 4 of Article X of the Constitution of this Association be and the same hereby is amended by striking out of the first paragraph of said Section 4 the following: "and Chairman of the Committee on Public Relations," so that the first paragraph of said Section 4 shall hereafter read as follows:

The President, Past President, President-Elect, and Speaker of the House of Delegates shall be ex officio members of the Council with all the rights of Councilors.

and be it further

Resolved, That the Constitution of this Association be and the same hereby is amended by striking out all of Section 15 of Article X of said Constitution.

Proposed amendments submitted by Dr. E. T. Remmen:

PROPOSED AMENDMENT TO CONSTITUTION: NO. VI

Resolved, That Section 4 of Article V of the Constitution of this Association, California Medical Association, which is entitled "Terms of Delegates and Alternates; One-Half Elected Each Year," be and the same hereby is amended to read as follows:

Delegates and alternates shall be elected by the several component county societies, respectively, for a term of two years; one-half of the delegates and alternates representing each component county society, as near as may be, shall be elected each year, provided that, in order to equalize the number of delegates elected each year, where at present the inequality in number is greater than one, a component county society may elect a sufficient number of delegates for a term of one year to equalize future elections in such society. Delegates

and alternates shall be elected directly at regular elections by the members of each component county society by an equitable method to be selected by each society, and shall not be elected or appointed by the Council. Board of Directors or Trustees or other governing body or by any officers or officer thereof, except to fill vacancies occurring between such regular elections; any delegate or alternate so selected to fill such a vacancy shall serve only until his successor shall have been duly elected.

✓ ✓ ✓

PROPOSED AMENDMENT TO CONSTITUTION: NO. VII

The second resolution:

Resolved, That Section 1 of Article X of the Constitution of this Association, California Medical Association, be amended by adding to said section a new paragraph reading as follows:

No member who holds any office in a component county society and who is elected as an officer of this Association (except the Vice-Speaker of the House of Delegates and the Editor) shall be eligible to serve as such officer of this Association unless he shall, forthwith upon his election, resign any of the offices hereafter set forth held by him in a component county society; and, in the event that he fails to do so, the Council, at its first meeting after such election, shall declare vacant the office of this Association to which he has been elected. The offices of a component county society from which such an officer-elect of this Association must resign are: President, Vice-President, Secretary, Treasurer, Councilor, Director, Trustee or any other office however entitled, the powers and duties of which would customarily include a substantial part of the powers and duties of any of said named offices.

✓ ✓ ✓

Proposed amendment submitted by the Special Committee on Life Membership, Robert A. Peers, chairman.

PROPOSED AMENDMENT TO CONSTITUTION: NO. VIII*

Resolved, That Article IV of the Constitution of this Association, California Medical Association, be and the same hereby is amended by adding to Section 1 of said Article IV a new subdivision, namely, Subdivision (e), entitled "Life Members," and reading as follows:

(e) LIFE MEMBERS

Qualifications: Life members of the California Medical Association shall be elected by the Council on the recommendation of any component county society from those active members thereof who (1) have been active members of this Association continuously for a period of twenty (20) years or more and are more than fifty (50) but less than sixty (60) years of age and have tendered to this Association a life membership fee of one hundred fifty (150) dollars; or (2) have been active members of this Association continuously for twenty-five (25) years or more and are more than sixty (60) but less than sixty-five (65) years of age and have tendered to this Association a life membership fee of one hundred (100) dollars; or (3) have been active members of this Association continuously for a period of twenty-five (25) years or more, are more than sixty-five (65) but less than seventy (70) years of age and have tendered to this Association a life membership fee of fifty (50) dollars; or (4) have been active members of this Association continuously for twenty-five (25) years or more and are more than seventy (70) years of age. Those active members falling within Classification 4 need not be recommended by any component county society, but are eligible to life membership on direct application to the Council. The Council may not elect to life membership any active member whose membership has not been continuous or who has ever been censured, suspended or expelled from the American Medical Association, this Association, any state medical association which is a constituent unit of the American Medical Association, or any county medical society which is a component part of this Association or a unit of any other state medical association.

Obligations and Rights.—Life members shall not pay dues and shall not be liable for assessments of any kind or nature. If active membership in good standing is maintained in his component county society, each life member shall have the right to vote, to hold office, and shall have all other rights and privileges of the Association. If active membership in his component county society is not maintained, the rights and privileges of a life member shall be those of a retired member.

* First printing of this constitutional amendment appeared in CALIFORNIA AND WESTERN MEDICINE Supplement, April, 1940, on page 44. Second printing in July, 1940. See also June issue, on page 280.

ABSTRACT OF MINUTES: CALIFORNIA MEDICAL ASSOCIATION EXECUTIVE COMMITTEE*

Minutes of the One Hundred Seventy-Third (173) Meeting of the Executive Committee of the California Medical Association, Held in San Francisco, Sunday, January 26, 1941

1. Roll Call.

Present: Doctors Dukes (chairman), Wilson, Rogers, Goin, Gilman, Cline, Cass, and Kress.

Also present by invitation: Doctor Murray, Mr. Hunton, and Legal Counsel Peart and Hassard.

2. Minutes.

Minutes of the meeting held on December 13, 1940, were approved.

3. Membership.

Total membership in the California Medical Association in 1940 was 6,619. Since January 1, 1941, seventy-three new members have been admitted.

4. Financial.

(a) Report was made on bank balances and loans.

(b) Voted to recommend to the Council that the salary of Mr. John Hunton, Executive Secretary, be set at \$500 monthly, commencing on January 1, 1941.

(c) Instructions were given to consolidate three of the savings accounts into one.

(d) Recommended that the Council establish a separate fund to be known as the "Needy Members' Fund," this account being opened with \$210 received through donations from component county auxiliaries and other sources.

5. Medical Preparedness.

Progress reports were made by Dr. P. K. Gilman, Chairman of the California Committee on Medical Preparedness, and by Dr. Charles A. Dukes, member of the National Committee on Medical Preparedness.

6. Committee on Legislation and Public Policy.

Resignation of Dr. T. Henshaw Kelly as a member of the Committee on Legislation was accepted, with thanks for past services. It was voted that the Executive Committee recommend to the Council that Dr. Anthony B. Diepenbrock of San Francisco, be appointed to fill the vacancy caused by Doctor Kelly's resignation.

7. California Physicians' Service.

(a) Council Chairman Gilman reported concerning a resolution that had been received some weeks ago from the Secretary of the Sacramento Society for Medical Improvement. Doctor Gilman stated that a subsequent letter from the Secretary was to the effect that the above resolution concerning California Physicians' Service had not been passed by the Sacramento Society.

(b) Council Chairman Gilman reported on a conference held with officers of the Associated Hospital Service of Southern California, stating that the Associated Hospital Service of Southern California was willing to adopt the suggestions of the California Medical Association, provided the other nonprofit hospitalization associations would likewise accept the same. President Harry H. Wilson was constituted chairman of a committee to bring this matter to a satisfactory conclusion.

8. California and Western Medicine: Supplements.

(a) It was voted to recommend to the Council that the annual "Membership Roster" be discontinued.

(b) Concerning the "Pre-Convention Bulletin," it was agreed that the Association Secretary and Executive Secretary should submit to the Council a report on costs thereof.

* Full minutes of the Executive Committee meeting have been mailed to all councilors, and copies are also available for inspection in the central office of the Association.

9. Legislation.

(a) Dr. Dwight Murray, Chairman of the Committee on Legislation, reported upon bills having relation to medical practice, and the public health. It was stated that further information concerning proposed laws would be sent to the component county medical societies by the California Public Health League.

(b) Dr. Donald Cass, Chairman of the Committee on Public Relations, informed the Executive Committee that the dental profession, through the two state dental associations, had agreed to cooperate in the passage of a Basic Science initiative, and that the proposed initiative law would be placed in final draft, and then be submitted to the State Attorney-General for title.

10. Annual Session.

(a) Doctor Kress, as chairman of the Committee on Scientific Work, reported on the joint meeting of the Committee on Scientific Work with the Section Secretaries, held on January 19, stating that all indications pointed to an interesting and valuable program; the session this year to consist of four full-day meetings.

(b) Executive Secretary Hunton reported that the sale of technical exhibit space for the Del Monte session had been excellent, with prospects of additional sales.

11. Miscellaneous.

(a) Council Chairman Gilman reported upon the mail ballot of the Council, which authorized the appointment of a special committee, consisting of the deans of the four medical schools in California; this committee to study and report on a special proposition that had been submitted by a healing-art group.

(b) In addition to the above, other items were informally discussed.

CHARLES A. DUKES, *Chairman.*

GEORGE H. KRESS, *Secretary.*

CALIFORNIA COMMITTEE ON MEDICAL PREPAREDNESS†

California's position in the national medical preparedness campaign was outlined by Dr. Philip K. Gilman, chairman of the California Committee on Medical Preparedness, at the symposium on military medicine held in San Diego on February 1 and 2. Doctors from nine counties were in attendance at the meeting.

Medical preparedness at this time falls into two categories, Doctor Gilman told his listeners. First of these is the campaign for filing of completed American Medical Association medical preparedness blanks. Second is the urgent need of the United States Army for doctors to staff six new California hospitals for the Army.

On the first point, that of filing American Medical Association blanks, the California committee chairman reported that all but about 1,500 of the 12,000 licensed physicians in California had already completed and mailed in their blanks. This makes the state about 87 per cent complete in this phase of medical preparedness.

On the second point, that of securing staffs for new Army hospitals in the state, a less encouraging result has been obtained. Doctor Gilman issued a call to the presidents of the county medical societies early last month, asking their help in canvassing their society memberships in an effort to get volunteers for commissions in the Army

† Philip K. Gilman, M. D., 2000 Van Ness Avenue, San Francisco, is chairman of the California Committee on Medical Preparedness. Charles A. Dukes, M. D., 426 Seventeenth Street, Oakland, is a member of the American Medical Association Committee on Medical Preparedness. Roster of county chairmen on Medical Preparedness appeared in CALIFORNIA AND WESTERN MEDICINE, August, 1940, on page 86.

Medical Reserve Corps. If sufficient volunteers can be secured, the Army can probably be persuaded not to demand that holders of existing reserve commissions report for service. To date the Army has been lenient in allowing tours of duty of reserve officers to be deferred for family or financial reasons.

The call for volunteers resulted in letters from eight county society presidents, these letters offering the names of thirty-three physicians who might be available for Army service now. Follow-up letters were sent to these thirty-three, and reserve commissions from some of them are now pending or already issued. The Los Angeles County Medical Association gave a prominent display in its Bulletin to Doctor Gilman's call, and numerous inquiries came in from this printing.

Application blanks for Army commissions and for active duty have now been furnished to seven prospective Army doctors, one of whom has been declined because of impaired vision. Three other California physicians have been notified of their ineligibility because they have not completed their citizenship. One was referred to the Navy as a specialist after the Army had declined him because of his age. Twelve doctors have been placed on a list of potential "chiefs of service" because they are above the age limit of thirty-five years for granting of reserve commissions, and twenty-four physicians have listed themselves as unavailable because of practice or family ties.

Doctor Gilman gave these figures as part of his plea for the coöperation of the entire profession in securing the staffs for the new Army hospitals. He suggested that if a reservoir of available doctors could be built up, each one to be ready for one year's service, the actual tours of duty could likely be limited to one year, rather than possibly to the duration of the emergency.

He also mentioned that next June 30, when the usual year for interns and residents ends, there will probably be a considerable number of doctors available for Army service. In this connection he brought out the fact that Army medical officers are vitally interested in maintaining the teaching staffs of accredited medical schools. It is essential in all cases, he told his audience, that the faculties of medical schools be kept as nearly intact as possible so that there will be no interruption in the state's medical training program.

Questions on Army medical requirements, terms of service or other items should be referred, Doctor Gilman said, to the office of the California Medical Association, where they will be handled promptly.

* * *

Medical Reserve Corps, United States Army:
Informative Data

Types of Medicine.—All types: general medicine, general surgery and all specialties—pediatricians and obstetricians will be assigned as attending surgeons at all posts.

Age Limits.—Maximum age of thirty-five years, except for doctors holding commissions in Medical Reserve Corps; latter may apply for extended active duty under their present commissions. If you are over thirty-five and do not hold a reserve commission, communicate with Philip K. Gilman, M. D., care of California Medical Association, 450 Sutter Street, San Francisco. Maximum age limit may be waived for "chiefs of service" and others qualified to handle special departments. Ask your question and get a ruling if you are in doubt.

Term of Service.—Present tours of duty are for one year.

Assignment to Specialty.—Army regulations permit placement of doctors in any branch of the Medical Corps. This authority may seem broad, but in actual practice the Army believes in placing doctors in the work for which they are best qualified. The Army Medical Corps is administered by doctors with the best interests of the profession at heart.

Procedure for Securing Reserve Commission and Active Duty.—Granting of a Medical Reserve Corps commission and assignment to active duty can be made only after filling in and filing application blanks, and after a medical examination. If you wish these blanks, please ask this office; forms will be sent to you without delay.

Commissions Granted.—Holders of Medical Reserve Corps commissions can enter active duty at the rank of their present commissions. Others will be granted commissions as first lieutenants—if particularly qualified by experience and by recommendation, they may be taken in as "chiefs of service" with higher rank.

Remuneration.—Annual remuneration basis is as follows:

	Base pay	Quarters	Subsistence	Total
First Lieutenant ¹	\$2,000	\$720	\$432	\$3,152
First Lieutenant ²	2,000	480	216	2,696
Captain ¹	2,400	960	432	3,792
Captain ²	2,400	720	216	3,336
Major—less than fourteen years' service.....	Same as captain			
Major—over fourteen years' service ¹	3,000	1,200	648	4,848
Major—over fourteen years' service ²	3,000	720	216	3,936

¹ With dependents.
² Without dependents.

Hospital Locations.—Army plans call for six new hospitals in California. Locations, sizes and staffs needed are as follows:

Place	Bed Capacity	M. D. Staff
Camp Ord (Monterey)	1,500	73
Nacimientto (San Miguel)	1,000	56
San Luis Obispo	1,000	56
Santa Barbara	750	43
March Field (Riverside)	500	33
Torrey Pines (San Diego)	400	25

Assignments are to be made primarily to these hospitals. Preliminary Army training may be given at existing Army hospitals in California.

Additional Information.—If you have further questions, please communicate with Philip K. Gilman, M. D., or John Hunton at the California Medical Association, 450 Sutter Street, San Francisco.

* * *

Medical Corps, United States Army—In re: American
Medical Association Questionnaire Blanks

(COPY)

LETTERMAN GENERAL HOSPITAL
San Francisco, California

December 13, 1940.

Memorandum: For all Officers Medical Corps and Medical Corps Reserve.

The Commanding General, Letterman General Hospital, desires compliance with the request of the American Medical Association that this form [American Medical Association questionnaire blanks] be completed.

Those who have not already completed and forwarded one of these questionnaires will complete the attached blank and return it to these headquarters not later than December 22, 1940.

If you have already completed and forwarded one of these questionnaires, make a note to that effect on this notice, sign it and return to these headquarters prior to December 22, 1940.

By command of Brigadier General DeWitt:

ALVA B. McKIE,
Colonel, Medical Corps,
Executive Officer.

[Seal]

Letterman General Hospital
Official
San Francisco

* * *

Army Needs 5,300 Doctors*

For every one thousand men called to the Army, Uncle Sam will provide 6.5 physicians. This is the ratio decided necessary for adequate medical attention by the United States Army Medical Department.

* By David Dietz.

According to present plans, the total strength of the United States Army next spring will be 1,400,000 men. This will represent the regular Army of 400,000 officers and men, National Guard units of the various states now known as the National Guard of the United States, totaling 200,000 officers and men, and an additional 800,000 men called under the Selective Service provisions.

This means that the Army will need a total of 9,100 physicians, according to Major General James C. Magee, Surgeon-General.

At the present time the regular Army has 1,200 physicians, the National Guard 1,100, and an additional 1,500 physicians in the Reserve Corps have either been called to active service or have received orders.

It will be necessary, therefore, between now and the spring to call an additional 5,300 medical men into active service.

The majority of appointments, it is announced, will be of physicians who are thirty-five years of age or under, but a certain number of older men of wider experience will be required as chiefs of services in the larger hospitals which are to be established.

In each military station there will be a hospital with four beds for each one hundred of the military population, the Surgeon-General continues.

Each hospital, however, will have sufficient operating-room facilities, clinics, kitchen, etc., to take care of an additional patient per one hundred men. This means that in the event of an emergency it would be necessary only to provide the additional ward buildings and beds. All the medical facilities to take care of five patients per one hundred men would already be on hand.

In addition to these hospitals at the military stations, there will be general hospitals located at suitable sites throughout the country, he adds. These will be sufficient in number to bring the total hospital facilities to a point where they take care of six patients per one hundred men in service.

"The provision of 5 per cent of hospital beds which can be rapidly expanded to 6 per cent may appear excessive when compared with hospitalization provided for the civilian population of this country," he says. "However, all of the military sick, including such cases as in civilian life are ordinarily cared for in their homes, must be treated in hospitals, since they cannot receive satisfactory care in the barracks.

"In addition, when young adults are brought together in large groups, contagious and infectious disease that spread rapidly under such conditions occur much more frequently than in civil life. Furthermore, sufficient beds must be provided for the care of the sick during the winter and spring seasons of the year, when there is always an excessive number of such cases."—San Francisco News, January 3, 1941.

* * *

Defects Among Selective Service Registrants

In order to have a basis for estimating prevalence of defects among registrants for military service under the Conscription Act of 1940, the United States Public Health Service has reanalyzed certain results of the medical findings for the World War draft of 1917-1918.

Twenty-one per cent were rejected for military service, 31 per cent were classified as not available for general military service (including the rejections), and 52 per cent had one or more recorded defects. These figures for the last war were summarized by Rollo H. Britten, Senior Statistician, and George St. J. Perrott, Chief, Division of Public Health Methods, Public Health Service. (Public Health Reports, Vol. 56, No. 2.)

Defects per 1,000 total drafted men in 1917-1918 follow:

Orthopedic impairments	213.16
Eye defects	61.01
Cardiovascular-renal diseases	50.20
Underweight	31.14

Hernia and inguinal rings	55.36
Tuberculosis (all forms) actual or suspected	24.74
Defective or deficient teeth	26.27
Nervous or mental diseases	24.53
Ear defects	15.45
Venereal diseases	46.77
Varicose veins, varicocele	8.75
Goiter	11.38
Hypertrophic tonsillitis	33.77
Arthritis and allied affections	3.48
Asthma	2.33
Other diseases or defects	53.56

All diseases or defects.....661.94

"On the basis of the World War draft of 1917-1918, one might expect that, to meet the quota of 800,000 inducted men by July 1, 1941, 1,200,000 would have to be examined and thus that about 400,000 would not be available for general military service," the co-authors stated.

These figures may be used as the basis for considering a program of physical rehabilitation of registrants disqualified for general military service under the Conscription Act of 1940, according to the Public Health Service. It was indicated that the most frequently occurring remediable conditions in this group of disqualified persons would be: defective vision, underweight, tuberculosis, defective and deficient teeth, hernia, and venereal diseases.

* * *

Rejection of Selective Service Registrants in New York Area

Rejection of one-third of the men applying for army service in the New York area is remediable by medical care only to a small extent, according to the January issue of the *New York State Journal of Medicine*, official organ of more than 17,000 physicians of the state.

"The defects for which men are being rejected by the army examiners," the *Journal* says, "are those structural and physiologic weaknesses upon which the strenuous nature of field training could be expected to have a detrimental effect.

"The point of view of the army and of civilian medical examiners might be expected to vary considerably concerning the acceptability of certain risks and thus to account for the high percentage of rejections. They should not be taken too seriously even by constitutional pessimists. And, after all, what can be done for flat-feet, bow-legs, and perforated eardrums?" . . .

Concluding the discussion, the official spokesman for the New York State Medical Society says: "As men are called for the draft, it is inevitable that there will be many rejected as physically disqualified. For years physicians, educators and many others have collaborated on a campaign urging periodic health examinations. Every facility has been offered which the ingenuity of man could devise to induce public cooperation in such a movement. If results have not equalled expectations, the system of providing medical care is not at fault so much as the impassable threshold of complete popular acceptance."

* * *

Care Is Urged in Selection of Youths for Draft

The necessity of exercising care in accepting men for service in the draft army was stressed last night at a meeting of Selective Service examining physicians from nine San Joaquin Valley counties in Superior Judge T. R. Thomson's courtroom in the Fresno County Courthouse.

Dr. G. W. Walker, Chairman of the District Medical Advisory Board, presided. Besides the examining physicians, many local draft board members, clerks and medical advisory board members attended the meeting.

Requirements More Liberal

Lieutenant-Colonel Bert S. Thomas, Chief of the Selective Service Medical Division in California, told the group the requirements for admission to the draft army are more liberal than the regular army requirements. But he warned the examining physicians to be exacting within the confines of the draft requirements to avoid future claims against the Government.

The speaker said the cost of World War cases which have entered hospitals has averaged \$4,004 and the average

cost of neuropsychopathic World War cases has been about \$34,000.

Must Speak English

The doctors were told of a new regulation under which men who cannot speak or understand English are not to be inducted into the draft army.

Thomas requested the examining physicians to send all doubtful cases to the Medical Advisory Board for further examination. . . .—*Fresno Bee*, January 14, 1941.

* * *

Red Cross Nursing Service Seeks Ten Thousand New Members

(Copy)

AMERICAN RED CROSS
WASHINGTON, D. C.

Setting a minimum goal of ten thousand new enrollments by June 30, 1941, the American Red Cross Nursing Service the latter part of January inaugurated an intensive, "all-out" mobilization of the nation's nurses for its First Reserve. The intensive phase of this mobilization will last a total of six weeks, ending about mid-March.

At the turn of the year the First Reserve had 18,000 members. Between 3,000 and 4,000 of these are expected to be called for duty by June 30 and for that reason the goal of 10,000 is absolutely imperative if the Reserve is to be in a position not only to meet possible Army and Navy demands that may be even larger in the future, but to continue to supply normal civilian needs such as may be occasioned by disaster, epidemic, or other causes. . . .

Although detailed plans have been laid to get in touch with every prospective First Reserve nurse, some may inadvertently be passed over. Any registered nurse who believes her qualifications meet the requirements and who has not been asked to enroll should get in touch with her local or state Committee on Red Cross Nursing Service, or write direct to the American Red Cross Nursing Service, Washington, D. C.

COMMITTEE ON LEGISLATION AND PUBLIC POLICY†

Legislature's Seventeen-Day Work

Sacramento, January 27 (INS).—Legislative box score: Convened January 6, adjourned January 26, spending seventeen days in session.

Introduced the following number of issues:

Senate bills, 1,291; Assembly bills, 2,564; Senate constitutional amendments, 22; Assembly constitutional amendments, 50; Senate joint resolutions, 11; Senate concurrent resolutions, 13; Assembly concurrent resolutions, 21; Assembly joint resolutions, 27. Total members in both houses, 3,999. In 1939, during the like period, the Legislature had introduced 4,155 measures.

Legislature will return on March 3.—*San Francisco Call-Bulletin*, January 27.

* * *

Medical Legislation: California Legislature

Bills Introduced:

Senate No. 61, to amend the law relating to private institutions for insane and incompetent persons, proposes to impose an annual license fee on such institutions, the amount of which is to vary in accordance with the number of patients a particular institution is licensed to care for. For institutions licensed to receive not more than twenty

patients, the fee proposed is \$5; for those licensed to receive more than twenty patients but not more than twenty-five, the fee proposed is \$25; and for institutions licensed to receive more than twenty-five patients the fee proposed is \$50. Under the present law the annual license fee is \$50, regardless of the number of patients for whom the institution is licensed to care.

Senate No. 130, to amend the use tax act, proposes to exempt from its provisions the storage, use or other consumption in the state of medicines and drugs used in the diagnosis, cure, mitigation, treatment or prevention of disease in man. Medicines and drugs, as so defined, are not to include any instrument or apparatus.

Assembly No. 51 proposes to enact a new massage practice act and to vest the administration of that act in a state board of massage, to be appointed by the Governor and to consist of three members who must have been actively engaged in the practice of massage for not less than three years preceding the date of their appointment. The bill proposes to define the practice of massage as "the use or employment of any method, art or science of administering to the human body for hygienic or therapeutic purposes exclusively, by rubbing, stroking, kneading, tapping or rolling the same manually, or the external application of water, either natural or mineral to the human body, for the purpose of relieving or alleviating affected parts thereof." The bill proposes to exempt from its provisions persons duly licensed in the state to practice medicine, surgery, osteopathy, "drugless physician," [sic] chiropractic and registered nurses while acting under the direct supervision of a "medical doctor." Certain present practitioners of massage, now residing in the state, are to be licensed without examination. Other applicants who are licensed to practice massage must furnish a satisfactory "testimonial" of good moral character and must furnish satisfactory evidence of graduation from a school or institution approved by the board. Apparently the board can approve only such an institution as requires a course of instruction of not less than thirty-four weeks, and a total number of hours for all courses of not less than one thousand hours as a condition precedent to graduation.

Assembly No. 2, to amend the Unemployment Insurance Act, proposes in effect to make unemployment insurance available to an employee who is unemployed because of illness and on whose behalf there is presented a certificate, signed by a licensed physician and surgeon, that the employee was unable to work during the period for which benefits were claimed because of illness.

* * *

California Legislature: Committees

The personnel of the committees which will pass upon many of the measures related to public health legislation include the following:

Assembly Committee on Medical and Dental Laws.—Chairman, Melvyn I. Cronin, San Francisco; Godfrey A. Andreas, Upland; Hugh M. Burns, Fresno; John W. Evans, Los Angeles; Dan Gallagher, San Francisco; Robert Miller Green, San Francisco; Jacob M. Leonard, Hollister; Lloyd W. Lowrey, Rumsey; Edward F. O'Dav, San Francisco; John B. Pelletier, Los Angeles; Franklin J. Potter, Los Angeles; Norris Poulson, Los Angeles; Clyde A. Watson, Orange.

Assembly Committee on Public Health and Quarantine.—Chairman, Norris Poulson, Los Angeles; Don A. Allen, Los Angeles; F. Ray Bennett, Los Angeles; Hugh M. Burns, Fresno; Melvyn I. Cronin, San Francisco; C. Don Field, Glendale; Dan Gallagher, San Francisco; Augustus F. Hawkins, Los Angeles; John B. Knight, Los Angeles; Jack Massion, Los Angeles; Franklin J. Potter, Los Angeles; Jack B. Tenney, Los Angeles; Frank J. Waters, Los Angeles.

Assembly Committee on Hospitals and Asylums.—Chairman, Charles M. Weber, Stockton; Godfrey A. Andreas,

† Component County Societies and California Medical Association members should not give endorsements to proposed legislation unless the California Medical Association Committee on Legislation and Public Policy has so requested. On such matters, address: California Medical Association Committee on Legislation, Dwight Murray, M. D., Chairman, 450 Sutter, San Francisco.

Upland; James M. Cassidy, Oakland; Ernest C. Crowley, Suisun; Randal F. Dickey, Alameda; Thomas J. Doyle, Los Angeles; T. Fenton Knight, Los Angeles; Eleanor Miller, Pasadena; Norris Poulson, Los Angeles; Paul A. Richie, San Diego; Ernest O. Voigt, Los Angeles.

Senate Committee on Business and Professions.—Chairman, Ed Fletcher, San Diego; George M. Biggar, Covelo; John D. Foley, San Jose; H. R. Judah, Santa Cruz; H. E. Dillinger, Placerville; James J. McBride, Ventura; John F. Shelley, San Francisco; R. R. Cunningham, Hanford; John Harold Swan, Sacramento.

Senate Committee on Public Health and Safety.—Chairman, D. Jack Metzger, Red Bluff; George M. Biggar, Covelo; Oliver J. Carter, Redding; Randolph Collier, Yreka; John D. Foley, San Jose; Thomas F. Keating, San Rafael; Harry L. Parkman, San Mateo; John Phillips, Banning; John Harold Swan, Sacramento.

COMMITTEE ON POSTGRADUATE ACTIVITIES†

Prospective Postgraduate Conferences: Fresno, Imperial, and Orange Counties

Arrangements are in the forming for postgraduate conferences to be held under the auspices of the following county medical societies:

Fresno.—Fresno County Medical Society will hold a conference in Fresno.

Imperial.—Imperial County Medical Society will offer a postgraduate series at El Centro.

Orange.—Orange County Medical Society will hold a postgraduate conference at a place to be decided.

Each of these component county societies will extend invitations to members of adjacent county units. In due course, such invitations will go forward from each of the county society sponsors and, in addition, supplementary notices and information will be sent by the California Medical Association Committee on Postgraduate Activities. It is believed that each of these conferences will be marked by good attendance.

County societies which have not held postgraduate or refresher course conferences are requested to communicate with the California Medical Association Postgraduate Committee, 450 Sutter Street, San Francisco. That committee will give all possible coöperation in efforts to make prospective programs of interest and value.

* * *

Organization Visits by California Medical Association Councilors and Association Secretary

During January, Axel E. Anderson, Councilor from the Fourth District, and Association Secretary George H. Kress, gave talks on organization topics as follows:

Fresno.—Fresno County Medical Society on Tuesday, January 7, in Fresno.

Stanislaus.—Stanislaus County Medical Society on Friday, January 10, at a meeting held in Modesto.

Merced.—Merced County Medical Society on Thursday, January 16, at Merced.

Tulare.—Tulare County Medical Society on Sunday, January 26, at Visalia.

Councilor Anderson and Secretary-Editor Kress spoke on topics concerning organized and scientific medicine: state and federal legislation having relation to: medical practice; medical preparedness; Industrial Accident Com-

mission ruling; proposed basic science initiative; postgraduate courses; annual session program; and allied subjects.

Association Secretary Kress also attended one of the meetings of the excellent postgraduate course conducted under the auspices of the San Jose Hospital Association at San Jose,* and addressed a service club at Vallejo on the subject, Basic Science Laws. The Association Secretary, with other colleagues in San Francisco, who are members of the Public Health Section of the well-known Commonwealth Club, also attended meetings of that section in conferences concerning an open forum program to be held in the near future, at which the subject, A Compulsory Health Law for California, will be the topic for discussion.

* * *

Two-Day Symposium on Military Medicine at San Diego

At Hotel Coronado, Coronado, San Diego County, on Saturday afternoon and evening, February 1, and Sunday morning, February 2, a program of unusual interest was given, in which topics bearing on military medicine were considered.

The California Medical Association Committee on Postgraduate Activities coöperated in promoting the publicity concerning the symposium. In honor of visiting ladies, the Woman's Auxiliary sponsored a tea from 4:00 to 6:00 p. m., and a musicale from 8:00 to 10:00 p. m.

The program follows:

SYMPOSIUM ON MILITARY MEDICAL DEFENSE:
HOTEL CORONADO, FEBRUARY 1-2, 1941

PROGRAM

Part I. 4:00-6:00 p. m., Saturday, February 1

1. *Address of Welcome*—Dr. Frank St. Sure, President, San Diego County Medical Society.
2. *Address of Welcome*—Honorable Percy J. Benbough, Mayor of San Diego.
3. *Address of Welcome*—Honorable Walter Bellon, Chairman of the San Diego County Board of Supervisors.
4. *Address of Welcome*—Dr. Harry H. Wilson, Los Angeles, President, California Medical Association.
5. *"Present Status of Medical Preparedness in California"*—Dr. Philip K. Gilman, San Francisco, Chairman, California Committee on Medical Preparedness.
6. *"The Medical Side of Naval Recruit Training"*—Capt. Griffith E. Thomas, U. S. N., Senior Medical Officer, Naval Training Station.
7. *"The Training of Hospital Corpsmen in the Navy"*—Commander Louis H. Roddis, U. S. N., Officer in Charge of Hospital Corps School.

† † †

Part II. Saturday, 7:00 p. m. Dinner Speaker, Captain Joel Boone

† † †

Part III. 8:00-10:00 p. m., Saturday, February 1

8. *"Surgery in Modern Warfare"*—Capt. Frederic L. Conklin, U. S. N., Chief of Surgical Service, Naval Hospital.
9. *"Venereal Diseases and National Defense"*—Lieut.-Comdr. John Luton, U. S. N., Chief of Urological Service, Naval Hospital.
10. *"The Dental Side of Naval Recruit Training"*—Comdr. Eugene L. Walter, U. S. N., Dental Officer, Naval Training Station.
11. *"Some Aspects of Aviation Medicine"*—Comdr. Joel J. White, U. S. N., Chief of Medical Service, Naval Hospital.
12. *"Combined Operations of Naval Medical Department Units with Land and Sea Forces"* (Motion pictures)—Capt. William L. Mann, Jr., U. S. N., Post Surgeon, Marine Corps Base.

† † †

Part IV. 10:00-12:00 a. m., Sunday, February 2

13. *"Health Protection in Defense Industries"*—Dr. Harry Wilson, President, California Medical Association.

* For editorial comment, see page 55.

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

14. "The Rôle of the Nurse in Medical Defense"—Miss Myrtle Coltharp, Assistant Director.
15. "A Doctor and the Selective Service Board"—Dr. L. B. Rogers, Medical Inspector, California.
16. "The Reserve Officer on Active Duty"—Lieut.-Col. A. E. Sherman.

COMMITTEE ON PUBLIC HEALTH EDUCATION†

Judging of two contests sponsored by the Committee on Public Health Education has been under way during the past month. Dr. P. K. Gilman heads a committee judging the scenarios submitted in the motion-picture scenario contest devoted to a subject to best show the advance of medical science, while Dr. H. H. Wilson heads a committee judging the essays submitted in the high school-junior college essay contest on the subject, "The Rôle of the Doctor of Medicine in the Life and Health of the American People." The report of the judges is expected soon.

The Public Relations Counsel has been, and will be publicizing the medical exhibit in Los Angeles on February 2 to 9, sponsored by the Los Angeles County Medical Association in conjunction with Health Defense Week. This affair will be at the Shrine Auditorium, and exhibitors will include members of the dental profession, who are coöperating.

Radio stations throughout California are showing much interest in broadcasting medical talks secured from the American Medical Association, and the Public Relations Counsel has been in constant contact with ten of these stations, endeavoring to get such a program actually under way. The station representatives are endeavoring to secure sponsors for the programs, who will represent the highest class of ethical advertisers who can be approved by the county medical societies in the various localities.

The Committee for Hard-of-Hearing Children, whose membership includes a number of members of the California Medical Association, is taking steps to publicize the work being done for hard-of-hearing children and during the month has been aided and advised by the Public Relations Counsel.

The Public Relations Counsel was requested by the California Newspaper Publishers' Association to investigate a threatened resolution on the part of the San Fernando Valley unit of the Los Angeles County Medical Association directed against professional cards in the newspapers in that vicinity. As a result the resolution has not been passed and the Public Relations Counsel is endeavoring to adjust this matter in a manner satisfactory to those concerned.

The Committee on Public Health Education has decided that the experiment of placing educational literature on medical subjects with the students at Claremont, Pomona, and Scripps colleges justifies an extension of this service to other college students in California to the extent that means permit. As a result, steps are now under way to make such literature available to the students of the University of Southern California.

—R. M.

† The Committee on Public Health Education was established through Substitute Resolution No. 6 at the Del Monte annual session, May 3, 1939.

The Committee on Public Health Education consists of Frank R. Makinson, chairman, Oakland; Philip K. Gilman, secretary, San Francisco; Samuel Ayres, Jr., Los Angeles; Thomas A. Card, Riverside; Lowell S. Goin, Los Angeles; Junius B. Harris, Sacramento; George H. Rohrbacher, Stockton; Harry H. Wilson (ex officio), Los Angeles. Communications to the committee may be addressed to Frank R. Makinson, M. D., chairman, Wakefield Building, Oakland, or to the California Medical Association office, 450 Sutter Street, San Francisco.

C. M. A. DEPARTMENT OF PUBLIC RELATIONS†

BASIC SCIENCE INITIATIVE

Preliminary work on the Basic Science Initiative was brought practically to completion last month, when the Council of the California State Dental Association approved the proposed fifth draft of the measure. Earlier in January the joint legislative committee of the two California dental associations had approved this draft for presentation to the dental council. Only a few minor changes in wording are now required before a final fifth draft can be drawn and presented to the California Medical Association Executive Committee for approval.

The question of the Basic Science Initiative was discussed at the meeting of the California Medical Association Executive Committee on January 26 and approval of the progress of the measure was expressed by the members of the committee. It appears that at long last this legislative proposal is about ready for presentation to the State Attorney-General for a title. After the title has been secured, the most important and most difficult task, that of securing valid signatures, will be undertaken. The coöperation of all members of the California Medical Association, and families and friends, will be sought when the signature campaign opens.

—J. H.

C. M. A. CANCER COMMISSION*

Financial grants-in-aid totaling \$271,277.50 during the past three years were recently reported to the National Advisory Cancer Council by Dr. Ludvig Hektoen, Executive Director of the Council which was set up by Act of Congress to advise the Surgeon-General of the United States Public Health Service regarding grants-in-aid and other matters dealing with the Federal Government's program for cancer research.

During this same three-year period, applications for grants which would have totaled \$1,995,635.25 were received and considered by the Council, Doctor Hektoen stated.

During the three-year period, the sum of \$92,570 was granted to the University of California, the University of Michigan, and Washington University of St. Louis for experimental work in connection with the cyclotron, or "atom-smashing machine," which produces radioactive particles which may have value in treating cancer.

The same period saw a sum of \$49,652.50 appropriated for clinical cancer research. These grants went to the National Research Council (for the American Registry of Pathology), the American College of Surgeons, the New York Hospital, the University of California, Maharry Medical College of Nashville, Tennessee, and Dr. Harrison S. Maitland.

Doctor Hektoen's report also dealt with specific investigations now being carried on by four of the institutions which are receiving financial grants recommended by the Council.

Dr. Carl Voegtlin's report, as Chief of the National Cancer Institute, included comments on the 8½ grams of radium, valued at \$200,000, which the Government is loaning to hospitals in various parts of the country. He also

† The complete roster of the Committee on Public Relations is printed on page 2 of the front advertising section of each issue. Dr. Donald Cass of Los Angeles is the chairman, and Mr. John Hunton is the secretary. Component county societies and California Medical Association members are invited to present their problems to the committee. All communications should be sent to the director of the department, Mr. John Hunton, Room 2004, Four Fifty Sutter Street, San Francisco.

* For roster of members of the Cancer Commission of the California Medical Association, see page 2 in the front advertising section (bottom of the second column).

discussed recommendations growing out of the recent conference on stomach cancer and the projected collaboration by the National Cancer Institute and the Carnegie Institution of Washington on studies of radioactive substances to be produced by the cyclotron now being built at the Carnegie Institution.

"The National Cancer Institute now has a staff of thirty-eight scientists in addition to fifty technicians carefully trained for their specific investigations, and the Institute's laboratory—the largest of its kind in the world—is now complete, with modern equipment including an ultra-centrifuge, ultra-violet microscope, x-ray equipment, and four sterile rooms," Doctor Voegtlin stated.

Doctor Voegtlin said that the radium on loan at various hospitals is being put to good use and that two of the members of the staff had recently completed a survey of these institutions and had made recommendations regarding protection against radium injuries to the personnel handling this element and more accurate standardization of x-ray dosage. He also spoke of the Institute's new magazine, *The Journal of the National Cancer Institute*, and the exhibit sponsored by the Institute at the recent meeting of the American Association for the Advancement of Science, in Philadelphia.

COMMITTEE ON SCIENTIFIC WORK

Scientific Assembly: California Medical Association Annual Session, Del Monte, May 5-8, 1941

On Sunday, January 19, the Committee on Scientific Work of the California Medical Association held a joint session with the secretaries of the twelve scientific sections of the Association. All sections were represented, either by secretaries or other officers.

Section Programs.—Each section secretary presented the titles of papers that had been submitted to his section for possible use in the program. In considering the possible acceptance of papers, the subject matter in its relation to other papers on the program was taken into consideration. Because of the limited number of meetings of some of the sections, it was not possible to utilize all papers that had been submitted. Several sections will hold joint meetings for the better discussion of topics in which more than one group of specialists have particular interest.

General Meetings.—Four general sessions will be held: On Monday morning, the address of the retiring president, Dr. Harry H. Wilson, will have first place, with allocation of time for organization and public health reports, and an address by a guest speaker;

On Tuesday morning, medical subjects will be given particular attention, to be followed at 11 a. m. by the Clinical-Pathological Conference, in which so much interest has been displayed in recent years;

On Wednesday morning, the surgical section will present papers in which surgical aspects will be stressed; and

On Thursday morning, the meeting will be given over to reports and papers by representatives of the Army, Navy, and Aviation Services of the United States, and by the California Committee on Medical Preparedness. On Thursday afternoon, the medical and surgical sections will unite in presenting two panel discussions on topics having important medical and surgical aspects.

Dr. Waltman Walters of Rochester has been invited as guest speaker on surgical topics, and Dr. Robert Loeb of Columbia will be the guest speaker on medical subjects.

All section meetings will be held on one of the four afternoons, the mornings being given over to the general meetings to be held in the Auditorium—Bali Room.

Films.—On Friday morning, medical and surgical films will be displayed in the Copper Cup Room, a new film commencing on each half-hour. Titles and hours of display will appear in the program. Members who have medical or surgical films are requested to write to the Association Secretary at 450 Sutter, San Francisco.

Scientific Exhibits.—It is hoped to have an interesting and valuable series of scientific exhibits. The medical schools of California, state, county, and municipal health agencies and other organizations, and members of the California Medical Association are invited and urged to communicate with the Association Secretary regarding possible displays.

Technical and Commercial Exhibits.—The commercial and technical exhibits will also be of special interest. Members of the Association are reminded of the importance of displaying an interest in the technical exhibits, because the income received therefrom makes a valuable addition to the funds of the State Association, and permits utilization of monies from dues for other important activities.

Hotel Reservations.—In the January issue of *CALIFORNIA AND WESTERN MEDICINE*, on page 30, was given a list of hotels located on the Monterey Peninsula. It is suggested that members who contemplate being in attendance may find it advisable to make early reservations. All reservations should be made direct with the hotels.

Holiday Inn, Carmel-by-the-Sea

Mr. and Mrs. B. C. Jesena, Proprietors and Managers

One-half block from beach and five minutes from the center of Carmel, 6 miles from Hotel Del Monte, a small home-like hotel, can accommodate twenty to twenty-two people.

Rates quoted for the period of the California State Medical Association meeting being held at Del Monte Hotel, May 5, 6, 7 and 8, 1941, as follows:

Single room and bath and breakfast.....	\$3.75
Double (double bed, bath and breakfast).....	5.50
Double (twin beds, bath and breakfast).....	\$6.00 to 7.00

Seven rooms with twin beds; five rooms with double beds. All rooms with ocean view. Dinner, \$1.25.

Additional information concerning the program will be given in later issues of *CALIFORNIA AND WESTERN MEDICINE*.

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

The California Medical Association Committee on Health and Public Instruction calls the attention of members of the California Medical Association to the "Los Angeles Health Defense Exposition," sponsored by the Los Angeles County Medical Association.

The following news item from the *Los Angeles Times* of January 24, 1941, indicates the widespread public interest in the Exposition:

Health Defense Drive Spurred

Mayor Proclaims Week for Campaign Here at Medical Group Banquet

Mayor Bowron proclaimed Health Defense Week, February 2 to 9, at a banquet held by the Los Angeles County Medical Association at its headquarters last night.

"Good health is the greatest asset of individuals and communities as well, the Mayor said. He urged attendance of the public at the Health Exposition to be held at the Shrine Auditorium during Health Defense Week.

Dr. John C. Ruddock, Dr. T. C. Meyers, president of the council of the Los Angeles County Medical Association, and Dr. L. A. Allesen, secretary, spoke on plans for the exposition. All phases of medicine, surgery and dentistry will be shown in exhibits and demonstrations. Fifteen hundred

doctors, nurses and other professional people will demonstrate the progress of health science.—*Los Angeles Times*, January 24, 1941.

Further comment will be made in the March issue of the OFFICIAL JOURNAL. For the present it may suffice to present the information given below.

Los Angeles Health Defense Exposition

Presented Under the Auspices of the Los Angeles County Medical Association

On the afternoon of Sunday, February 2, 1941, the doors of the Shrine Civic Auditorium Ballroom were opened to a spectacular health exposition. There, in display after display, was created a presentation of health—its importance, how to maintain it. It was a vivid presentation, and complete—a dramatic portrayal of a subject of utmost importance to all.

One hundred thousand square feet of exhibit space were filled with drama and human interest. The subject was: What good health and defense against illness means.

The exhibits revealed a striking picture of the forward march of science, of the millions that have been spent in medical research so that the people of this country are today the healthiest of any in the world, healthiest because they live in a medically progressive nation whose men of science, as yet, are unhampered by governmental regimentation, a peculiarity of certain European nations that results in the reduction of the best to obscure mediocrity.

Every phase of modern, ethical medicine in its relationship was presented—not in static, silent booths, depending upon statistical material, but in colorful, moving, dynamic demonstrations.

The "Bulletin" of the Los Angeles County Medical Association, in a preliminary announcement, described some of the features of the Exposition as follows:

You may see the beat of your own heart on a screen—hear it over an amplifying system—while sensitive electrical instruments are making a record of its action.

You may make a visual acuity test for yourself—looking through the ophthalmoscope you will see the inner eye as does the eye physician when he examines you. Natural and unnatural conditions of the delicate mechanism of sight will be unfolded for you.

The marvelous machinery of the human body will be illustrated by models and actual specimens. Rare and common ailments will be identified for you and you will learn how they are correctly and scientifically treated.

Colored motion pictures of operative procedures will tell the story of the lives saved by the skilled fingers of the modern surgeon.

You will see how blood is collected and stored for shipment to the ends of the earth to save lives of unfortunate peace and wartime sufferers. You will see how food is introduced into the blood stream when normal assimilation of food is impossible.

The dangers of self diagnosis and home treatment will be told with dramatic directness.

Every division of modern, ethical medicine, working together for a composite whole for the preservation of life, will have complete displays to give everyone a better understanding of the importance of scientific knowledge correlated to keep us well.

The marvels of surgery in the field of reconstruction—plastic surgery—will be shown by models and colored transparencies. See how our surgeons make it possible for unfortunate victims of accident or heredity to take their normal places in society.

The important story of disaster and war relief will be told by the American Red Cross.

There will be entertaining and educational lectures for everyone each afternoon and evening of the Exposition. Prominent authorities will talk on Vitamins, Child Psychology, Sex, Infant Feeding, Retarded Children, The Modern Hospital, and many other subjects.

We hear so much about vitamins today. What are they? What do they do? Learn the truth about them at the Exposition.

Motion picture halls will show short subjects continuously from 1:00 to 10:00 p. m. every day of the Exposition. A

special diet picture, "The Doctor's Daughter," with a cast well known to theater goers, should not be missed.

Another feature will be the annual exhibit of the Physicians' Art Association, filling the entire west side of the large mezzanine floor.

The Department of Child Health of the Board of Education, the Nurses' Association, the Hospital Association, County and City Health Departments, and the California Physicians' Service will have exhibits of exceeding interest.

The Los Angeles Health Defense Exposition, sponsored by the Los Angeles County Medical Association, will be the first of its kind ever held. Tell your friends about it. Make up a family party. Remember the date—the first week in February—February 2 to 9.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (7)

Alameda County (3)

Louis H. Dyke, Jr., *Berkeley*
James C. Luce, *Oakland*
William E. Marsh, *Alameda*

Monterey County (2)

Albert J. Herrmann, *Pacific Grove*
Calvin King Terwilliger, *Carmel*

Placer-Nevada-Sierra County (1)

Norbert B. Frey, *Nevada City*

San Francisco County (1)

Samuel Cohn, *San Francisco*

In Memoriam

Conger, Clyde Benson. Died at San Francisco, December 18, 1940, age 30. Graduate of Stanford University School of Medicine, San Francisco, 1935. Licensed in California in 1935. Doctor Conger was a member of the Santa Clara County Medical Society, the California Medical Association, and the American Medical Association.

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Fuller, Roy Newton. Died at Riverside, December 15, 1940, age 55. Graduate of Cooper Medical College, San Francisco, 1908. Licensed in California in 1908. Doctor Fuller was a retired member of the California Medical Association and a Fellow of the American Medical Association.

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Horton, Fred Lamberton. Died at Pomona, December 25, 1940, age 45. Graduate of University of Nebraska College of Medicine, Omaha, Nebraska, 1916. Licensed in California in 1923. Doctor Horton was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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Levison, Charles Gabriel. Died at Sausalito, January 12, 1941, age 75. Graduate of Cooper Medical College, San Francisco, 1889. Licensed in California in 1890. Doctor Levison was a retired member of the California Medical Association and a Fellow of the American Medical Association.

†For roster of officers of component county medical societies, see page 4 in front advertising section.

Levy, Joseph Jacob. Died at Los Angeles, January 8, 1941, age 59. Graduate of Medico-Chirurgical College of Philadelphia, Pennsylvania, 1905. Licensed in California in 1920. Doctor Levy was a member of the Fresno County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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Manson, Robert Morton. Died at Hayward, January 8, 1941, age 62. Graduate of Oakland College of Medicine and Surgery, Oakland, 1915. Licensed in California in 1915. Doctor Manson was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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Shook, Francis Marion. Died at Oriunda, December 27, 1940, age 60. Graduate of the University of Michigan Medical School, Ann Arbor, Michigan, 1904. Licensed in California in 1916. Doctor Shook was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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OBITUARIES

Roy Newton Fuller

1885-1940

At Riverside, California, December 13, 1940, Dr. Roy Newton Fuller died of acute cardiac decompensation at the age of fifty-five. Roy Newton Fuller was born at Lincoln, California, on November 2, 1885. His medical education was received at Cooper Medical College, where he was graduated in 1908. Ready now for his life work, he followed in the footsteps of famous men of the family, who had labored in the medical and scientific world. His father, Dr. George W. Fuller, was one of the prominent physicians and surgeons in San Francisco for many years.

Dr. Roy Newton Fuller immediately began his life work as interne at St. Luke's Hospital, San Francisco, where he served one year (July, 1908-1909). Then followed his year of service as resident physician at Lane Hospital.

Upon completion of this period of service, he entered into partnership with Dr. T. D. Blodgett of Tulare, California. Together they established the San Joaquin Hospital.

His medical career through all his active years was a vital link in the community life of Tulare. His private practice extended into many of the homes of that section and even during his long years of illness he continued to advise his many friends medically as well as being a wise counselor in educational and family problems. He kept that warm human touch to the last.

When volunteers were called for the World War, he responded and was made lieutenant in the medical corps. He was assigned to Letterman Hospital, San Francisco.

At the call of his fellow citizens, he served on the Board of Education for Tulare City. He filled other important posts as a citizen and member of his community. In the establishment of the county hospital for Tulare County, he took a leading part.

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Frederick A. Rhodes

1873-1940

Frederick A. Rhodes died on December 29, 1940, at his home in Culver City, California, from hypostatic pneumonia.

He was born on April 22, 1873, in New Castle, Pennsylvania. He was an alumnus of Grove City College,

Pennsylvania, receiving his M.D. from Western University of Pennsylvania in 1900, and was professor of physiology at the University of Pittsburgh from 1905 to 1910, when he wrote the textbook, "Applied Physiology."

He moved to California in 1923.

In May, 1932, he retired from practice on account of a cerebral hemorrhage and was given an honorary membership in the Los Angeles County Medical Association. He organized and was president of the Pitt Club of Southern California in 1924.

JOHN WILLIAM SHUMAN, SR.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. A. E. ANDERSON.....President
MRS. WILLIAM C. BOECK.....Chairman on Publicity
MRS. KARL O. VON HAGEN..Asst. Chairman on Publicity

The State Board meeting will be held in Fresno on February 14. The Fresno Auxiliary recently completed highly successful *Hygeia* and new membership drives. Doctors A. E. Anderson and George H. Kress were guests of honor at a recent meeting at which Doctor Kress urged the group to pay strict heed to the impending medical legislation. Another guest, Mr. Donald Wonder, who is director of the Endocrine Department at the Cutter Laboratory at Berkeley, described the establishing and growth of the laboratory. The members learned much about vaccines and serums.

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The Yuletide spirit dominated the annual holiday party arranged by the Sacramento Auxiliary on December 17 in the home of Dr. and Mrs. George A. Briggs. Dr. William Van Den Berg acted as Santa Claus during an exchange of gifts.

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Members of the San Francisco Auxiliary have again decided to have a Valentine dinner dance, which will be held at the Lakeside Country Club. In charge of arrangements will be Mesdames George Oviedo, Robert Ware, Dohrmann Pischel, and Loren R. Chandler.

‘ ‘ ‘

Mrs. A. E. Anderson, State President, reminded the San Diego members that the Basic Science Law will come up within the next six months and that it will be necessary to have 200,000 signatures to the petition. The medical societies will ask the auxiliaries to assist in securing these signatures. After an investigation into the needs of the children at Vauclain Home, which is a tuberculosis ward for the children of San Diego County, the Benevolence Committee provided a year's supply of tooth powder, washcloths, and dusting powder. In addition to these utilitarian presents, all the children were supplied with two gifts each, according to their requests. And so Christmas was made a good deal more cheerful for those youngsters who actually *asked* for washcloths. The gifted Mrs. Willard Newman gave an original monologue, entitled *A Doctor's*

†As county Auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Karl O. Von Hagen, Assistant Chairman on Publicity, 2435 Nottingham Avenue, Los Angeles. Address of the Chairman on Publicity: Mrs. William C. Boeck, 712 North Maple Drive, Beverly Hills.

For roster of officers of state and county auxiliaries, see advertising page 6.

Wife at the Telephone. It was a delightfully amusing key-hole view of what goes on in a doctor's home two hours before a formal dinner party.

CALIFORNIA PHYSICIANS' SERVICE†

Membership

September, 1939	1,220
March, 1940	9,322
September, 1940	17,398
January 27, 1941	21,865

Among groups recently enrolled are the following: A. N. Abell Auction Company, Los Angeles; Ambassador Venetian Blind Corporation, Oakland; Attendance Group, Board of Education, Los Angeles; Employees of Baltimore and Ohio Railroad Company, San Francisco; Belmont High School, Los Angeles; George H. Benioff, San Francisco; The Best Fertilizer Company, Oakland; Rodney E. Boone Organization, San Francisco; Guy Bowcock, Jeweler, San Francisco; The Cartan Company, San Francisco; Central Junior High School, Los Angeles; Phillip S. Chancellor Estate, Santa Barbara; Chung Mei Home, El Cerrito; Clay-Jones Apartments, San Francisco; Compressed Steel Corporation, San Francisco; Copper Coffee Pot, Santa Barbara; Cosgrave Cloak and Suit Company, San Francisco; Thomas A. Edison High School, Los Angeles; El Camino Pharmacy, Santa Barbara; First National Trust and Savings Bank, Santa Barbara; Office and Foreman Group—Fredrick Couch Company, Los Angeles; Fresno Building and Investment Company, Fresno; General Brewing Corporation, San Francisco; The Goldfield Consolidated Mines Company, San Francisco; Grand Union Market, Los Angeles; George Habersfelde, Inc., Bakersfield; Hillsborough School District, Hillsborough; The Hughes, Santa Barbara; Kings County Chapter California Teachers' Association, Hanford; Charles Kushins Company, Oakland; Harry W. Lange, M. D., Bakersfield; Marvin Avenue School and Evergreen Avenue School, Los Angeles; Midtown Motor Sales Company, San Francisco; 109th Street School, Los Angeles; Pacific Scientific Company, San Francisco; M. W. Park & Company, San Francisco; Pleasant Valley and Somis School District, Camarillo; Professional Staff of U. S. C. Library, Los Angeles; Leland Rosener Employees' Group, San Francisco; Employees of San Francisco District, Water Resources Branch, United States Geological Survey, San Francisco; Sherwin Williams Paint Company, Factory Group, Emeryville; Union Mill and Lumber Company, Santa Barbara; United States Rubber Company, Employees' Group, Los Angeles; Employees of United States Department of Labor, Wage and Hour Division, San Francisco; Venice High School; Veterinarians' Group, Los Angeles; Virginia Road School and Amestoy Road School, Los Angeles and Gardena; Westfall Discussion Club, Lafayette; Woodlawn Avenue School, Bell; and Y. W. C. A., Oakland.

During the month of October, when there were 18,561 beneficiary members in the service, there were 3,188 patients treated, representing 17.2 per cent incidence of illness among the membership during the month. The sum of \$21,077.90 was disbursed to 1,441 doctors, in payment of 15,614 units of service rendered; an average payment per doctor of \$14.63. The average number of units of service

rendered per doctor was 10.8; and the average number of units of service rendered per case was 4.9. The unit value paid for the month was \$1.35.

The distribution of units of service rendered during October was as follows: 67.03 per cent for general medical care, 14.08 per cent for surgical care, 7.03 per cent for x-ray services, 6.24 per cent for laboratory procedures, and 5.62 per cent for refractions.

The distribution of patients by doctors was as follows:

743 doctors saw	1 patient each
312 doctors saw	2 patients each
163 doctors saw	3 patients each
74 doctors saw	4 patients each
45 doctors saw	5 patients each
34 doctors saw	6 patients each
21 doctors saw	7 patients each
20 doctors saw	8 patients each
9 doctors saw	9 patients each
6 doctors saw	10 patients each
6 doctors saw	11 patients each
2 doctors saw	12 patients each
4 doctors saw	13 patients each
2 doctors saw	14 patients each

It continues to be apparent that the distribution of patients is widely scattered among professional members and that, in proportion to the present beneficiary membership, a very substantial percentage of professional members are participating. The method of writing checks during the past few months has permitted the observation that a substantial number of new doctors participate each month.

As shown above, there were 3,188 members under treatment during October, which is concrete evidence of the fact that the volume of business being done is quite substantial. Analysis of the work done in the Bay area and in the vicinity of Los Angeles, where the greater percentage of beneficiary members are located at the present time, offers convincing proof of volume. In districts 1 and 3, San Francisco and Alameda counties, 628 doctors saw 1,666 patients. These patients made 3,942 visits to doctors' offices, were seen by their physicians 248 times at home, and 531 times while hospitalized. In Los Angeles during the same period of 426 doctors saw 740 patients. In this group there were 1,790 office visits, 105 home visits, and 123 visits to hospitalized patients.

The meeting of the Board of Trustees held in Fresno on January 5 was well attended, and it appeared that the idea of regional meetings of the Board, which would permit attendance by deputy medical directors, administrative members, and presidents and secretaries of county medical societies would be well received generally. Therefore, the next meeting of the Board has been scheduled for Los Angeles, on February 2, and the group in near-by counties has been invited to participate.

Smallpox Smolders.—An outbreak of smallpox has been smoldering in a northern California community for several months, fifty-seven cases having been reported to July 1. Of these, eighteen were in adults, many of whom were over forty years of age. Not all cases have been reported, as, in spite of the definite diagnosis, its prevalence in adults and in only the unvaccinated, many individuals refuse to believe that the disease is smallpox. Vaccination has been carried on constantly by school and public health authorities, as well as by private physicians.

†Address: California Physicians' Service, 333 Pine Street, San Francisco. Telephone EXbrook 3211. Alson Kilgore, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization. For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings.†

California Medical Association, Hotel Del Monte, Del Monte, California, May 5-8, 1941.

American Medical Association, Cleveland, Ohio, June 2-6, 1941.

American College of Physicians, Statler Hotel, Boston, April 21-25, 1941.

Medical Broadcasts.*

American Medical Association Series of Radio Programs: Every Wednesday, 7:30 p. m., Pacific Time, Over Blue Network.—*Doctors at Work* is the title of the sixth annual series of dramatized radio programs to be presented by the American Medical Association and the National Broadcasting Company.

The series was opened on Wednesday, November 13, 1940, to run for thirty consecutive weeks, closing with a broadcast from the American Medical Association meeting at Cleveland on June 3, 1941. The program is scheduled for 10:30 p. m., Eastern standard time (9:30, Central; 8:30, Mountain; 7:30, Pacific time) over the Blue Network, other NBC stations, and Canadian stations.

The programs will dramatize what modern medicine offers the individual in the way of opportunities for better health and the more successful treatment of disease. Incidental to this main theme, the programs will explain the characteristics of the different fields of modern medicine and its specialties.

"Doctors at Work" will be broadcast from scripts by William J. Murphy, NBC script writer and author of many previous American Medical Association and NBC "shows" and other popular radio features. It will be produced under the direction of J. Clinton Stanley, director of "Medicine in the News," last season's successful American Medical Association and NBC health program. Supervision will be by the American Medical Association Bureau of Health Education, directed by Dr. W. W. Bauer.

These programs are broadcast on what is known in radio as a sustaining basis; that is, the time is furnished gratis by the radio network and local stations and no revenue is derived from the programs. Therefore, local stations may or may not take the programs, at their discretion, except those stations which are owned and operated by the National Broadcasting Company.

The next programs to be broadcast, together with their dates and their topics, are as follows:

- February 5—New Faces for Old.
- February 12—Medical Detective.
- February 19—One Man's Poison.

† In the front advertising section of *The Journal of the American Medical Association*, various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

Descriptive posters for local distribution may be had gratis from the Bureau of Health Education, American Medical Association, 535 North Dearborn Street, Chicago. Program titles will be announced weekly in *The Journal of the American Medical Association*, and monthly in *Hygica*, the *Health Magazine*.

American Medical Association Broadcasts: "Medicine in the News."—The American Medical Association and the National Broadcasting Company have announced "Medicine in the News," on timely topics from medical news of the week. Thursdays, 4:30 p. m., Eastern standard time (1:30 p. m., Pacific standard time), Blue Network, coast to coast. Thirty weeks. Opened on November 2, 1939. Facts, drama, entertainment, music.

Pacific States:

KECA	Los Angeles	KEX	Portland
KFSD	San Diego	KJR	Seattle
KGO	San Francisco	KTMS	Santa Barbara
	KGA	Spokane	

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Los Angeles County Medical Association.

The following is the Los Angeles County Medical Association's radio broadcast schedule for the month of February, 1941:

- Saturday, February 1—KFI, 9:45 a. m., The Road of Health.
- Saturday, February 1—KFAC, 10:15 a. m., Your Doctor and You.
- Saturday, February 8—KFI, 9:45 a. m., The Road of Health.
- Saturday, February 8—KFAC, 10:15 a. m., Your Doctor and You.
- Saturday, February 15—KFI, 9:45 a. m., The Road of Health.
- Saturday, February 15—KFAC, 10:15 a. m., Your Doctor and You.
- Saturday, February 22—KFI, 9:45 a. m., The Road of Health.
- Saturday, February 22—KFAC, 10:15 a. m., Your Doctor and You.

California Heart Association: Del Monte Meeting.—The California Heart Association is planning to hold its first Scientific Session on Sunday, May 4, immediately preceding the California Medical Association meeting at Del Monte. This will be the first time the State Heart Association has met in an independent scientific session. A very excellent series of titles have already been submitted for this program. These will assure an interesting day. There will, no doubt, be excellent material available for two sessions, morning and afternoon. This program will deal with the heart and the circulation and should be of interest to all practitioners. While all members of the State Heart Association are being urged to be present, the meetings will be entirely open and all members of the California Medical Association are cordially invited to attend. For further information address: Howard F. West, M. D., 1930 Wilshire Boulevard, Los Angeles.

Vital Statistics.—In the compilation of vital statistics, the figures gathered every ten years by the United States Census Bureau are used. Because of such value, and also for reference purposes in the future, in connection with legislative and other matters, the space usually allotted to news items of miscellaneous nature is given over in this issue to the county and city statistics recently released by the United States Census Bureau. Items containing comment concerning urban and rural populations in California are also given:

Official California Census Figures

Washington, January 9.—The final official 1940 Federal census figures for California are as follows:

I. Population by Counties

County	Rank	1940	1930	Per Cent Increase
Los Angeles	1	2,785,643	2,208,492	26.1
San Francisco	2	634,536	634,394	
Alameda	3	513,011	474,883	8.0
San Diego	4	289,348	209,659	38.0
Fresno	5	178,565	144,379	23.7
Santa Clara	6	174,949	145,118	20.6
Sacramento	7	170,333	141,999	20.0
San Bernardino	8	161,108	133,900	20.3
Kern	9	135,124	82,570	63.6
San Joaquin	10	134,207	102,940	30.4
Orange	11	130,760	118,674	10.2
San Mateo	12	111,782	77,405	44.4
Tulare	13	107,152	77,442	38.4
Riverside	14	105,524	81,024	30.2
Contra Costa	15	100,450	78,608	27.8
Stanislaus	16	74,866	56,641	32.2
Monterey	17	73,032	53,705	36.0
Santa Barbara	18	70,555	65,167	8.3
Ventura	19	69,685	54,976	26.8
Sonoma	20	69,052	62,222	11.0
Imperial	21	59,740	60,903	-1.9
Marin	22	52,907	41,648	27.0
Solano	23	49,118	40,834	20.3
Merced	24	46,988	36,748	27.9
Humboldt	25	45,812	43,233	6.0
Santa Cruz	26	45,057	37,433	20.4
Butte	27	42,840	34,093	25.7
Kings	28	35,168	25,385	38.5
San Luis Obispo	29	33,246	29,613	12.3
Shasta	30	28,800	13,927	106.8
Siskiyou	31	28,598	25,480	12.2
Napa	32	28,503	22,897	24.5
Placer	33	28,108	24,468	14.9
Mendocino	34	27,864	23,505	18.5
Yolo	35	27,243	23,644	15.2
Madera	36	23,314	17,164	35.8
Nevada	37	19,283	10,596	82.0
Sutter	38	18,680	14,618	27.8
Yuba	39	17,034	11,331	50.3
Lassen	40	14,479	12,589	15.0
Tehama	41	14,316	13,866	3.2
El Dorado	42	13,229	8,325	58.9
Glenn	43	12,195	10,935	11.5
Plumas	44	11,548	7,913	45.9
San Benito	45	11,392	11,311	0.7
Tuolumne	46	10,887	9,271	17.4
Colusa	47	9,788	10,258	-4.6
Amador	48	8,973	8,494	5.6
Modoc	49	8,713	8,038	8.4
Calaveras	50	8,221	6,008	36.8
Lake	51	8,069	7,166	12.6
Inyo	52	7,625	6,555	16.3
Mariposa	53	5,605	3,233	73.4
Del Norte	54	4,745	4,739	0.1
Trinity	55	3,970	2,809	41.3
Sierra	56	3,025	2,422	24.9
Mono	57	2,299	1,360	69.0
Alpine	58	328	241	34.0

(Minus sign denotes decrease. Per cent not shown when less than 0.1.)

II. Population by Cities

City	Rank	1940	1930	Per Cent Increase
Los Angeles	1	1,504,277	1,238,048	21.5
San Francisco	2	634,536	634,394	
Oakland	3	302,163	284,063	6.4
San Diego	4	203,341	147,995	37.4
Long Beach	5	164,271	142,032	15.7
Sacramento	6	165,958	93,750	78.0
Berkeley	7	85,547	82,109	4.2
Glendale	8	82,582	62,736	31.6
Pasadena	9	81,861	76,086	7.6
San Jose	10	68,457	57,651	18.7
Fresno	11	60,685	52,513	15.6
Stockton	12	54,711	47,963	14.1
Santa Monica	13	53,500	37,146	44.0
San Bernardino	14	43,616	37,481	16.4
Alhambra	15	38,935	29,472	32.1
Belvedere Town	*	37,192	33,023	12.6
Alameda	16	36,256	35,033	3.5
Santa Barbara	17	34,958	33,613	4.0
Riverside	18	31,696	29,696	6.8

Burbank	19	34,337	16,662	106.1
Santa Ana	20	31,921	30,322	5.3
Inglewood	21	30,114	19,480	54.6
Bakersfield	22	29,252	26,015	12.4
Huntington Park	23	28,684	24,591	16.5
South Gate	24	26,945	19,632	37.3
Beverly Hills	25	26,823	17,429	53.9
Richmond	26	23,642	20,093	17.7
Pomona	27	23,539	20,804	13.1
Vallejo	28	20,072	16,072	24.9
San Mateo	29	19,403	13,444	44.3
Eureka	30	17,055	15,752	8.3
Santa Cruz	31	16,896	14,396	17.4
Palo Alto	32	16,774	13,652	22.9
Modesto	33	16,379	13,842	18.3
Compton	34	16,198	12,516	29.4
Whittier	35	16,115	14,822	8.7
Burlingame	36	15,940	13,270	20.1
San Leandro	37	14,601	11,455	27.5
South Pasadena	38	14,356	13,730	4.6
Redlands	39	14,324	14,177	1.0
Ontario	40	14,197	13,583	4.5
Ventura	41	13,264	11,603	14.3
Redondo Beach	42	13,092	9,347	40.1
Monrovia	43	12,807	10,890	17.6
Santa Rosa	44	12,605	10,636	18.5
Redwood City	45	12,453	8,962	39.0
San Gabriel	46	11,867	7,224	64.3
Brawley	47	11,718	10,439	12.3
Salinas	48	11,586	10,263	12.9
Albany	49	11,493	8,569	34.1
Bell	50	11,264	7,884	42.9
Lodi	51	11,079	6,788	63.2
Anaheim	52	11,031	10,995	0.3
Lynwood	53	10,982	7,323	50.0
Maywood	54	10,731	6,794	57.9
Fullerton	55	10,442	10,860	-3.8
National City	56	10,344	7,301	41.7
Merced	57	10,135	7,066	43.4
Monterey	58	10,084	9,141	10.3
El Centro	59	10,017	8,434	18.8

* Classified as urban under special rule.—Los Angeles Times, January 10, 1941.

III. Population of Other Cities in California

NORTHERN CALIFORNIA

The 1940 and 1930 census figures for Northern California cities between 2,500 and 10,000 population:

	1940	1930
Antioch	5,106	3,563
Auburn	4,013	2,661
Carmel	2,837	2,260
Chico	9,287	7,961
Daly City	9,625	7,838
El Cerrito	6,137	3,870
Emeryville	2,521	2,336
Fort Bragg	3,235	3,022
Gilroy	3,615	3,502
Grass Valley	5,701	3,817
Hanford	8,234	7,028
Hayward	6,736	5,530
Hearldsborg	2,507	2,296
Hillsborough	2,747	1,891
Hollister	3,881	3,757
Livermore	2,885	3,119
Los Gatos	3,597	3,168
Madera	6,457	4,665
Martinez	7,381	6,569
Marysville	6,646	5,763
Menlo Park	3,258	2,254
Mill Valley	4,847	4,164
Mountain View	2,946	3,308
Napa	7,740	6,437
North Sacramento	3,053	2,097
Oakdale	2,592	2,112
Oroville	4,421	3,698
Pacific Grove	6,249	5,552
Petaluma	8,034	8,245
Piedmont	9,866	9,333
Pittsburg	9,520	9,610
Placerville	3,064	2,322
Porterville	6,270	5,303
Red Bluff	3,824	3,517
Redding	8,109	4,188
Reedley	3,170	2,589
Roseville	6,653	6,425
San Anselmo	5,790	4,650
San Bruno	6,519	3,610
San Carlos	3,520	1,132
Sanger	4,017	2,967
San Rafael	8,573	8,022
Santa Clara	6,650	6,302
Sausalito	3,540	3,667
South San Francisco	6,629	6,193
Sunnyvale	4,373	3,094
Tracy	4,056	3,829
Tulare	8,259	6,207
Turlock	4,839	4,276
Ukiah	3,731	3,124
Visalia	8,904	7,263
Watsonville	8,937	8,344
Woodland	6,637	5,542
Yuba City	1,968	3,605

SOUTHERN CALIFORNIA

Washington, January 9.—(AP)—The 1940 and 1930 census figures for California cities in Southern California between 2,500 and 10,000 population:

	1940	1930
Arcadia	9,122	5,216
Azusa	5,209	4,808
Banning	3,874	2,752
Brea	2,567	2,435
Calexico	5,415	6,299
Chino	4,204	3,118
Chula Vista	5,138	3,869
Claremont	3,057	2,719
Coalinga	5,026	2,851
Colton	9,686	8,014
Corona	8,764	7,018
Coronado	6,932	5,425
Covina	3,049	2,774
Culver City	8,976	5,669
Delano	4,573	2,632
Dinuba	3,790	2,968
El Monte	4,746	3,479
El Segundo	3,738	3,503
Escondido	4,560	3,421
Exeter	3,883	2,685
Fillmore	3,252	2,893
Gardena	5,909	
Glendora	2,822	2,761
Hanford	8,234	7,028
Hawthorne	8,263	6,596
Hemet	2,595	2,235
Hermosa Beach	7,197	4,796
Huntington Beach	3,738	3,690
Laguna Beach	4,460	1,981
La Mesa	3,925	2,513
La Verne	3,092	2,860
Lindsay	4,397	3,878
Lompoc	3,379	2,845
Manhattan Beach	6,398	1,891
Montebello	8,016	5,498
Monterey Park	8,531	6,406
Needles	3,624	3,144
Newport Beach	4,438	2,203
Oceanside	4,651	3,508
Orange	7,901	8,066
Oxnard	8,519	6,285
Palm Springs	3,434	
Porterville	6,270	5,303
Reedley	3,170	2,589
San Fernando	9,094	7,567
Sanger	4,017	2,967
San Luis Obispo	8,881	8,276
San Marino	8,175	3,730
Santa Maria	8,522	7,057
Santa Paula	8,986	7,452
Selma	3,667	3,047
Sierra Madre	4,581	3,550
Signal Hill	3,184	2,932
Taft	3,205	3,442
Torrance	9,950	7,271
Tulare	8,259	6,207
Upland	6,316	4,713
Visalia	8,904	7,263

City Population Gains Slacken—Census Bureau Reports Slow Up in Trend of Moving from Farm.—Washington, January 18 (AP).—The depression slowed up America's gain in urban population, but failed to reverse the historic trend from farm to city.

Actually, the Census Bureau said today, the percentage of population living in urban territory increased from 56.2 in 1930 to 56.5 in 1940.

Total Increase. In the decade, the total population increase for the forty-eight states and District of Columbia was 8,894,229. Of this number, 5,468,879 were urban and 3,425,350 rural residents.

But Bureau statisticians said the most significant facts were that while in the 1920-30 decade urban population increased six times as fast as rural citizenry, in the 1930-40 decade the urban gain of 7.9 per cent barely topped the rural increase of 6.4 per cent.

"The marked decline in the rate of urban growth," they said, "is attributable in large measure to the economic conditions of the past decade."

The slowing up was attributed to a smaller farm-to-city movement, a decline in the urban birth rate, and the virtual stoppage of immigration.

Dust Bowlers Move. Rural population made its best showing not in the predominately rural Middle West and South, but in the East and Far West. In the Middle West, for instance, rural population declined in "dust bowl"

states, where distressed farmers either moved to the city or to other states.

In New York, during the decade the urban population declined from 83.6 to 82.8 per cent, while in South Dakota the "city folks" increased from 18.9 to 24.6 per cent.

Rhode Island, as usual, was the most solidly urban state, with 91.6 per cent, and Mississippi the most rural state with 80.2 per cent.—Los Angeles Times, January 19, 1941.

Correction: Article on Coccidioidomycosis. In the article on Coccidioidomycosis by Juliet M. Thorner, M. D. (CALIFORNIA AND WESTERN MEDICINE, January, 1941, page 12), the footnote on page 12 was misplaced. The footnote referred to the study conducted by Dr. C. E. Smith (reference 5, on page 13, first paragraph beneath Table 2). Reference 5 was to "An Epidemiological Study of Acute Coccidioidomycosis with Erythema Nodosum." Read before the Session on Fungus Infections at the Sixth Pacific Science Congress, August 2, 1939.

Blood Bank for All Needs.—The first county medical society in the United States, we believe, to undertake such a service, the San Francisco County Medical Society has decided to establish and maintain a blood bank for instant use at need for any victim of illness or accident in San Francisco and the surrounding communities and at cost.

This should be an extremely valuable service. At present the only blood bank in this city is that maintained at the San Francisco Hospital for its indigent patients. This new one will be on call for all who need a supply of blood, rich and poor alike.

While the war lasts, the Society intends also to cooperate with the British War Relief Association in preparing stocks of blood for use in Britain. The Association is one of the supporters of the bank and on its own account already has what it describes as a large list of Californians ready to give blood for the British wounded.—Editorial, San Francisco Chronicle, January 23.

State Rural Population Leads in Gain.—Washington, January 9 (AP).—Rural population growth in California during the past ten years was almost twice that of the cities in percentage, thus reversing the previous trend, final official 1940 federal census figures showed today.

The gain in the country districts was 32.2 per cent and in the urban areas 17.8. The 1930 census put city growth at 78.8 per cent and rural at 37.9.

The state population increased from 5,677,251 to 6,907,387, a gain of 1,230,136, or 21.7 per cent.

The total city population was set at 4,902,265 and rural at 2,005,122, compared with 4,160,596 and 1,516,655, respectively, in 1930. The city population was 71 per cent of the state total in 1940 and 73.3 in 1930.

Final figures were released for the counties and cities under 100,000, the total for the largest centers having been previously released. . . .—San Francisco Call-Bulletin, January 9, 1941.

American Association for the Study of Goiter.—The American Association for the Study of Goiter again offers the Van Meter prize award of \$300 and two honorable mentions for the best essays submitted concerning original work on problems related to the thyroid gland. The award will be made at the annual meeting of the Association, which will be held at Boston Massachusetts, May 26, 27, and 28, provided essays of sufficient merit are presented in competition.

The competing essays may cover either clinical or research investigations; should not exceed three thousand

words in length; must be presented in English; and a type-written double-spaced copy sent to the Corresponding Secretary, Dr. W. Blair Mosser, 133 Biddle Street, Kane, Pennsylvania, not later than April 1.

Association of Western Hospitals: Meeting in San Francisco, March 3-6.—More than two thousand leaders in all fields of hospital service will gather in San Francisco on March 3, 4, 5, 6, 1941, for the fifteenth annual convention of the Association of Western Hospitals. From the eleven Western states will come hospital administrators, technicians, dietitians, medical social workers, nurses, medical record librarians, purchasing agents, and other specialists who will convene at the Fairmont Hotel for inspiration, education, and relaxation. The general theme of the Convention is "Hospital Preparedness in a Democracy." Special emphasis will be placed on the function of the hospital in training professional and non-professional personnel.

Clarence J. Cummings, President of the Association, announces a program of unusual variety. Some of the nationally known speakers are: Malcolm T. MacEachern, M. D., Associate Director, American College of Surgeons; Benjamin W. Black, M. D., President, American Hospital Association; Glenn E. Myers, M. D., President, Association of California Hospitals; Guy M. Hanner, President, American Protestant Hospital Association; Arthur C. Bachmeyer, M. D., President, American College of Hospital Administrators; and William H. Walsh, M. D., Consulting Specialist on Hospital Planning from Chicago.

In Case of a Dog Bite the Los Angeles City Health Department Recommends: 1. It is very important to get the dog and have him kept under observation for ten days. If the animal has not developed rabies during that time there is nothing to worry about. A dog always dies of rabies and usually lives only three or four days after symptoms develop. The saliva is infectious a week before the dog dies. Never kill a dog which has bitten anyone. If this is done, or the dog disappears, there is always uncertainty and anxiety—often needless.

2. Have the wound cauterized carefully by a private physician or at the Receiving Hospital. We have learned from experience that fuming nitric acid is the only chemical to use. Celsus, during the first century A. D., wrote that the only preventive of rabies in humans was the actual cautery. Cauterization alone is of the greatest importance. This should be done as soon as possible, but may be done any time within a week. The scab should be removed and the acid allowed to penetrate deeply. Neutralization is accomplished by weak ammonia water or a paste of baking soda. No scarring results. On account of the long incubation period, we believe the virus acts very slowly, traveling along the lymphatics of the nerve trunks to the brain—as does tetanus.

3. If the dog has rabies, Pasteur treatment should be given. In cases of face bites, treatment should be commenced at once. This may be stopped whenever it is ascertained that the dog is not rabid. In cases of bites on the extremities, treatment may be delayed until the dog is examined.

Dr. Ray Lyman Wilbur.—Doctor Wilbur concluded twenty-five years of service as president of Stanford University on Wednesday, and the anniversary was appropriately the occasion for many personal tributes.

The event is of particular significance to friends of the University because of the impending retirement of Doctor Wilbur at the close of the present year, which means that instead of passing a mere milestone he is bringing a major phase of his career to a close.

In his own words, Doctor Wilbur is "letting go of the reins" in order that some younger and more vigorous man may "take them and carry the University forward into greater days of usefulness to our people and to our nation."

The matter of selecting a successor to Doctor Wilbur is, of course, of the utmost importance and will have the proper attention at the proper time, but the object of real public interest at the present time is Doctor Wilbur himself.

Years of Service.—The quarter-century he has spent in the service of Stanford University spans almost exactly half of the life of that great institution itself.

He has not only contributed to the school valuably and enormously, but has permanently blended into it his own character and personality—and these are qualities which will endure and continue to enrich the institution as long as it functions.

In other words, there is no complete retirement by such a man.

Others may carry on his work, and perhaps because of changed or new conditions expand or even improve upon it, but it will inevitably be a part of all that is accomplished hereafter.

Deserves Honor.—There can be no "letting go of reins" by men who set up enduring and constructive works, in education, in statecraft, or in any of the useful enterprises of humanity.

Doctor Wilbur says of such a university as Stanford that it is "built of the lives and effort of so many men that it belongs to the public."

Since he, himself, has put twenty-five years of life and effort into the institution he loves, with the result that it ranks among the truly great cultural institutions of the nation, he is deserving of all honors that have come to him; and, in fact, those honors will continue to accrue to him long after his career is closed.—Editorial, *San Francisco Call-Bulletin*, January 24.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

California Farm Bureau Federation: Stockton, California
November 14, 1940

Resolutions Adopted at the Twenty-Second Annual Meeting

Resolution No. 13

Voluntary Health Insurance Legislation

Resolved, That we ask the California Medical Association to support voluntary health insurance legislation, as the California Physicians' Service to date has failed to offer a contract for rural people.

Resolution No. 14

Medical Fees

Resolved, That we request the California Medical Association to investigate rates for professional services for country calls with a view to making such rates more equitable in comparison to town calls.—*Fresno Farm Bureau Monthly*, December, 1940.

* * *

Audiometer-Testing Survey to Be Started

County Superintendent of Schools Tennant C. McDaniel announces more than 2,000 school children in northern Solano County will be included in an audiometer-testing survey to be started this week by Miss Hortense Cohn, newly appointed school health coordinator for Solano County. . . .

Arrangements have been made with the Northern California Medical Association to give free treatment to pupils with defective hearing whose parents are unable to pay a private physician.—*Rio Vista News*, January 9, 1941.

* * *

Farm Bureau Outlines Legislation

Legislation was the chief concern of the board of directors of the California Farm Bureau Federation at a year-end meeting held in the Farm Bureau building in Berkeley. . . .

Three bills will be sponsored to aid farmers in meeting their health needs. The first definitely authorizes admission of nonindigents to county hospitals on a pay basis; the second facilitates operation of voluntary health insurance associations; the third prevents hospitals from denying

able physicians from practicing therein merely because they are not members of the county medical societies. . . .

H. A. Craig stated that Ven T. Ellsworth, director of the research department of the organization, will again represent the county and state farm bureaus during the present session of the legislature.—*Strathmore Sentinel*, January 8, 1941.

* * *

United States Extending Medical Care for Migrants California-Arizona Plan So Successful Scope Is Widened

By Ruth Finney
The News Washington Correspondent

Washington, January 14.—The California-Arizona plan of medical care for migrants has worked so well that it is being extended to the Pacific Northwest, Texas, and Florida. C. B. Baldwin, Farm Security Administrator, says in his annual report, just submitted to Congress.

After explaining that the influx of migrants into California and Arizona created a serious public health program, the report told how the Agricultural Workers' Health and Medical Association was formed in 1938 by FSA with the cooperation of the California Medical Association, the State Department of Health, and the State Relief Administration.

Apply at Centers

"Migrants make application for medical treatment at the Association's district offices or camp treatment centers," says the report.

"A certificate of membership in the Health Association, which serves as an identification card, is issued to the applicant, who selects his physician from a list of participating doctors.

"The Agricultural Workers' Health and Medical Association is billed for the medical or hospital services rendered. In many treatment centers, local physicians work in the clinics at designated hours on alternate days. . . . Services include ordinary medical care, surgery, laboratory, x-ray, dentistry, prescriptions, and diagnostic treatment.

Majority Cannot Pay

"Although the migrant workers are obligated to repay the cost of services 'if so requested,' their low income makes repayment impossible in most cases. Some workers, however, have been able to repay a few dollars.

"In view of the health protection provided for the two states under this program, it seems probable that public financial support will continue. . . ."

At present there are thirteen medical care centers in California, seven in Arizona, four in Texas, and two in Florida.—*San Francisco News*, January 14, 1941.

* * *

Call to Arms!

Annual Drive to Combat Infantile Paralysis Now on Throughout America

San Francisco, with the rest of America, tomorrow starts its annual March of Dimes with which to promote the study of infantile paralysis and to ameliorate the pitiable condition of the victims of the malady.

Part of the money raised by the March of Dimes in this state will be kept at home to fight infantile paralysis in California, while the remainder will be sent to the National Foundation for Infantile Paralysis for use in research work.

Infantile paralysis is one of the most distressing of all human plagues.

It is one of the three diseases common in America that continue to defy and baffle medicine, the others being cancer and rheumatic heart fever.

Insidious

Infantile paralysis is among the most insidious of ailments, because it often strikes without giving warning.

Victims have been known to awaken in the morning stricken with the ailment, whereas they had felt perfectly fit on retiring the night previous.

The mobilization of public action for the control of infantile paralysis during January of each year, culminating on January 30, the birthday anniversary of President Roosevelt, has become a fixed custom in America.

For several years the effort took the form of balls and parties on the night of the 30th, and this custom is still continued in some communities.

Three years ago the March of Dimes had its inception in California, and has been so successful that it was utilized last year and again this year.

Tragic Effects

It is stated by Joseph M. Schenck, state chairman of the March of Dimes campaign, that contributions from California always have led those from other states.

With the funds thus raised, further scientific research into methods of preventing the malady will be supported, first aid in stricken areas provided, and doctors and parents

equipped with means of preventing tragic after-effects of the disease, such as crooked backs, curvature of the spine, twisted bodies, and contracted limbs.

The constantly diminishing number of deaths and the lowered average of permanent cripples resulting from this malady today are the direct results of recent progress in the fields of medical research, induced by the annual offerings for the purpose.

A good-sized army of volunteers will sell the buttons and collect the dimes, and there is no question but that San Francisco will do its part for this worthy cause.—*San Francisco Call-Bulletin*, January 14, 1941.

* * *

Free Medicine Bill Pressed

Washington, January 16 (UP).—Senator Henry Cabot Lodge (R., Mass.) said today he would reintroduce a bill to provide free medicines for indigent citizens, a measure that would cost between 20 and 30 million dollars annually.

The United States Public Health Service, in conjunction with state health departments, would distribute insulin, sulfapyridine, endocrine and vitamin products and other "expensive" medicines to citizens who cannot afford them.—*San Francisco News*, January 16, 1941.

* * *

Legion Drafts Plan to Build Health in United States

National Program of Physical Education and Recreational Athletics Announced

Chicago, January 4 (AP).—A national program of preparedness and defense through physical education, health education, and recreational athletics in schools and communities—aimed to reach 100,000,000 persons—was announced today by the American Legion.

The program was outlined by Frank McCormick, athletic director of the University of Minnesota and chairman of the Legion's National Health Committee, who said: "We are convinced the Government is going to set up a national health and athletics program and our aim is to stimulate interest in physical preparedness, get the message to the public on what should be done and cooperate with all groups and agencies in the expansion and further development of a rugged citizenry." . . .—*San Bernardino Sun*, January 5, 1941.

* * *

Health Program for Twenty Thousand Unemployed Youth Outlined

How \$102,000 will be spent by the National Youth Administration during the next six months in an effort to benefit the health of twenty thousand unemployed youth in California was outlined yesterday by Robert Wayne Burns, N. Y. A. director in this state.

Burns stated that Lorne W. Bell, executive secretary of the downtown Y. M. C. A. here for the past five years, has been appointed State Health Supervisor. He will be aided by Dr. W. L. Halverson, public health officer of Pasadena, who will serve as a consultant.

Bell and Doctor Halverson will coordinate their work with the State Department of Health, the State Medical Association, and the health departments of all the major cities in California, it was stated.

The campaign for health improvement will include health examinations, preventive and reparative care and dental work. Recommendations for diet, recreation, and types of employment for each youth will be given.

The N. Y. A. plans to spend \$2,500,000 on the national youth health program by August.—*Los Angeles Times*, January 13, 1941.

* * *

Motion Pictures as Evidence Are Approved in Mississippi Courts

Jackson, Miss.—Moving pictures may be admitted as evidence in Mississippi courts, according to a ruling just issued by the State Supreme Court. The high court reversed a decision against a national life insurance concern and in favor of one Reed Wright, who sought to collect under the permanent disability clause of his policy. The case was remanded for new trial.

The insurance company sought to introduce moving pictures showing the plaintiff at work shoveling gravel, but although the judge reviewed the film in private, he would not permit the jury to see it. The plaintiff introduced medical evidence to show that he was suffering from hardening of the arteries and that he was doing "light work" for the WPA.

The opinion of the Supreme Court, written by Chief Justice Sydney Smith, said:

"Motion-picture evidence, while novel, is admissible when the accuracy with which it will reproduce the scene photographed is proved. We are not dealing with a picture of a scene reconstructed and staged for the purposes of the picture by actors according to their recollection of the original, as to the admissibility of which we express no opinion."—*Sacramento Daily Recorder*, January 9, 1941.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIV, No. 2, February, 1916

From Some Editorial Notes:

Fresno—1916.—Do not forget that the State Society meets in Fresno, April 18, 19, and 20, 1916, and that it is going to be a record meeting. It is a delightful time of the year, all the main roads and highways will be in the best possible condition, and it is expected that hundreds of members will motor to Fresno and combine a delightful trip to and from, with a delightful time at, the meeting.

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Statutes of Limitation.—In spite of much that the JOURNAL has printed on this subject, from time to time, there seems still to be some misunderstanding on the part of many of our members as to just what the legal situation is. It has been held, from time immemorial, that personal rights and wrongs could not remain open questions for an indefinitely long period of time. Under the old common law, if a person was assaulted or injured or suffered some personal, physical wrong or injury, and did not take steps to seek redress from the wrongdoer within "a year and a day," it was held to be an admission that he had no case and thereafter could bring no action for redress. Also, as far back as we may trace it, if one held undisputed possession of land for sixty years, it was held to be a good title to the land. In the passing centuries many changes have been made as to the period of years, but the fundamental principles remain the same today as they were centuries ago. By statute, the various states have determined what number of years shall elapse before a particular class of claims shall outlaw, or become void. In California the time allowed one to bring an action for personal injuries—or torts, as they are called—is almost exactly what it was under the common law—one year. Practically all actions for damages for alleged malpractice are brought "in tort," and therefore they must be brought within one year of the time when the alleged injury was done, or they are void and on simple motion (pleading the statute) the suit is thrown out of court. In the language of the code, "An action for . . . injury to or for the death of one caused by the wrongful act or neglect of another . . ." must be brought within one year. . .

Now what is the import of this? If you sue a patient to collect a bill within one year of the termination of the services, he may in reply bring a suit against you for damages for alleged malpractice, setting forth that you were negligent in your treatment of him and thus claiming damages under the statute; and this suit will have to be regularly defended, tried with the evidence on both sides presented, and, generally, go to a jury for a verdict. If you wait for more than one year before bringing your suit to collect your bill, and the patient in reply files an action for damages, alleging negligence, it is outlawed; for his right to an action for personal injury lapsed at the end of one year.

~ ~ ~

The State Society has ruled, through its House of Delegates, that it will not defend a suit for alleged malpractice which has its origin in an action to collect a bill, brought within one year from the time of termination of the last service.

~ ~ ~

Program Committee.—A number of inquiries are reaching this office as to how a place may be had upon the program for the next meeting, at Fresno, April 18, 19, and 20.

(Continued in Front Advertising Section, Page 18)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By CHARLES B. PINKHAM, M. D.
Secretary-Treasurer

News

"Dr. Clark L. Abbott, Oakland physician and a resident of Richmond, is the new President of the State Board of Medical Examiners. . . . Doctor Abbott has been a member of the Board since his appointment by former Governor Friend W. Richardson in 1926, and he has served as its vice-president for the past seven years." (*Berkeley Gazette*, December 18, 1940.)

"Dr. Henry Dahleen's appointment as superintendent of the San Jose Hospital should meet with general approval on the part of physicians and the general public. . . . The presentation of a petition, signed by about four hundred physicians, nurses, attendants and other employees of the hospital, asking for the reinstatement of Doctor (Doxey) Wilson was a most interesting occurrence. It showed tolerance and kindness of heart on the part of these people, to ask the return of their former chief. The supervisors were quite correct, however, in not granting this request. Excellent as was his record as head of the hospital, the circumstances surrounding his retirement were such as to bar forever his further usefulness at that institution." (*San Jose News*, December 4, 1940.)

"A check of nearly 10,000 signatures on petitions urging enactment of a state law to create a Board of Naturopathic Examiners was under way yesterday in the office of Registrar C. J. Collins. W. G. Stennett, 83 McAllister Street, presented the petitions on behalf of the Naturopathic Physicians' Association of California. The city's registrar has until December 27 to certify valid signatures to the Secretary of State, Paul Peek. Approximately 132,000 signatures throughout the state are required to bring action on the proposed legislation." (*San Francisco Chronicle*, December 12, 1940.)

"Harry Newson of La Habra, identified as a representative of a 'cult' known as the Science of Characteristics, is under \$500 bond and must appear for jury trial in Anaheim township justice court, January 15, on a charge of violating the state's Medical Practice Act. W. N. Anderson, special prosecutor for the California State Board of Medical Examiners, filed the charge against the La Habra man as the result of an investigation into the death of the late Charles Hill, Anaheim, who was a student of the 'cult.' Hill passed away at Norwalk state hospital of an ailment which Anderson said originated with, and was aggravated by the 'cult' teachings, which he said is the 'old Hollywood plan whereby the gullible public is expected to pay for lessons involving the so-called explanation of mysterious arrangements of letters and their importance and meaning in the spelling of various words or names.' . . . He alleged in his complaint that Newson early this fall attempted to diagnose and prescribe for certain ailments of 'cult' students." (*Fullerton News-Tribune*, November 30, 1940.)

"After a hectic courtroom scene, Dr. Ralph C. Bennett of 197 South Orange Grove Avenue, Pasadena, was held for trial today on charges of assaulting Mrs. Helen

(Continued in Front Advertising Section, Page 30)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.

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BOARD OF MEDICAL EXAMINERS

(Continued from Front Advertising Section, Page 30)

ment of letters with their ordinary course of living.' " (Anaheim Bulletin, November 27, 1940.)

"Sacramento juvenile court gave 14-year-old Kenneth Northrup of Brighton a new chance yesterday—a chance that may make his broken right arm whole again. Presiding Judge Peter J. Shields took Kenneth away from his parents, Mr. and Mrs. Martin Northrup, made the boy a ward of the court, and ordered Probation Officer C. E. Wilson to take him to Sacramento county hospital for medical treatment that will require six weeks. Kenneth broke his arm eighteen months ago, but his parents, members of the Church of the First Born, refused him medical attention on the grounds it was against their religious beliefs and on the grounds Kenneth would be healed by the Supreme Being. Meanwhile, the broken bones began to decay. . . ." (Sacramento Union, December 6, 1940.)

"Secret charges of a 'highly sensational nature' will be lodged with the Civil Service Commission against Dr. Benjamin J. Blank, suspended county jail physician assertedly responsible for favoritism shown Benny (Bugsy) Siegel, murder suspect. This was disclosed yesterday when Sheriff Eugene W. Biscailuz, carrying out the suggestion of the county grand jury, instructed Deputy County Counsel to prepare the charges, which will be presented to the Commission not later than Monday, together with a demand for Blank's ouster. . . . Blank, who has admitted close friendship with Siegel and who likewise admitted a \$32,000

financial transaction with Bugsy—which, he said, occurred long before the latter's imprisonment—is declared to have seen to it that Siegel was made extremely comfortable in jail, even though it was necessary to violate jail rules to accomplish this. . . ." (Los Angeles Examiner, December 5, 1940.)

"A charge of illegal medical practice yesterday brought local arrest of Frederick Mazain, sixty-six, a chemist, of 305 South Tenth Street. Judge Grandin H. Miller released Mazain on \$1,000 bond. . . . Mazain was accused of treating a young woman for an eye disorder, promising a cure in ninety days at a fee of \$23 a month. The chemist is also charged with prescribing for diabetic patients. Records indicated that Mazain was arrested in 1936 on similar charges and had been placed on probation. . . ." (San Jose Mercury Herald, November 28, 1940.)

"Dr. Claude C. Long, formerly of Yolo County, lost his appeal in the court of last resort yesterday in San Francisco after battling three years to escape imprisonment for manslaughter. The San Francisco physician and surgeon is well known here. The United States Supreme Court refused to review Doctor Long's conviction for manslaughter in the abortion death on May 20, 1937, of Mrs. Genevieve Arganbright, a housewife. Doctor Long contended in his jury trial in San Francisco and in all of his appeals that the operation was necessary because of a heart condition of his patient. The trial drew wide attention here because it resulted in jury-tampering charges against George Poultny, aide of McDonough Brothers, the bail brokers. Juries twice disagreed in the Poultny case.

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A third jury acquitted him. Doctor Long has been free on bail. His manslaughter conviction carried a term of one to ten years at San Quentin." (Woodland Democrat, November 14, 1940.)

"Dr. W. Franklin Morris of Oakland, successor to Dr. Roy Labochotte of Redwood City on the State Board of Chiropractic Examiners, was reinstated on the Board under an appellate court order reversing a previous superior court judgment, the Governor's office informed in Sacramento today. Morris was appointed by Governor Culbert Olson in 1939 to replace Doctor Labochotte, whom the Governor contended was named by former Governor Frank F. Merriam when no vacancy existed." (San Mateo Times and Leader, November 15, 1940.)

"Dr. Elmer Leroy Winey, Southern California physician, was bound over to Superior Court on a charge of negligent homicide when he appeared for a preliminary hearing yesterday before Judge Stewart Magee in Sixth Township Justice Court. Doctor Winey is charged with having been responsible, through negligence in operating his car, for the death of Walter Mutz, Jr., fifteen, of this city. The boy was fatally injured when struck by the car near the Horace Mann School on East Niles Street. . . ." (Bakersfield Herald, November 8, 1940.)

"While one local woman charged with performing a criminal operation which resulted in a girl's death was scheduled for arraignment in Justice Court, another woman arrested last night also faced a complaint filed by Joseph

(Continued on Next Page)



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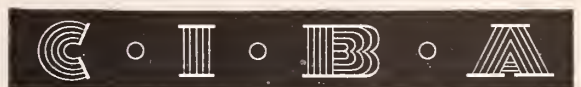


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BOARD OF MEDICAL EXAMINERS

(Continued from Preceding Page)

W. Williams, special agent for the California Board of Medical Examiners. Jailed last night was Mme. Valerie Hajduk, also known as Valeria Trojan, said by Williams to hold a midwife's license. Williams, Deputy Sheriff George W. Pyne, and Assistant District Attorney N. J. Menard arrested her at her San Felipe Road home near Evergreen, after hearing the story of a local girl who lies critically ill in the County Hospital. . . ." (Press dispatch dated San Jose, November 12, printed in the *Oakland Tribune*, same date.)

"Too ill to continue trying a case following a heart attack from which he collapsed in court yesterday morning, Attorney Leo Sullivan of Oakland left San Jose Hospital for his Piedmont home last night after obtaining a continuance to December 17 from the Justice of the Peace Grandin H. Miller. Sullivan is defending Robert Thompson Fowler, sixty, charged by Special Agent Joseph W. Williams of the State Board of Medical Examiners with practicing medicine without a license following the death last August of Josephine Sportello, eighteen, San Jose girl, whom Fowler assertedly treated for tuberculosis." (San Jose *News*, November 27, 1940.)

"There have been several arrests here recently of persons accused of medical malpractice of various kinds. These incidents seem to indicate an increase of such practices here. The untrained and incapable person who plays upon the credulity of the sick in order to secure money is

beneath contempt, for nearly always the final condition of the patient is far worse than when treatment was started. We are glad to see the State taking a hand in the local situation. Every local officer and local citizen should co-operate." (Editorial, San Jose *News*, November 28, 1940.)

"Four establishments, including a palatial Palos Verdes estate, were raided by state, county, and city officers yesterday, and nineteen men and women taken into custody for questioning as a climax to a year's investigation into an alleged 'white carnation' illegal operation ring. Those questioned include Mrs. May Ramsey, also known as 'Ma' and 'Doc,' and her daughter-in-law, Mrs. Esther Ramsey, who was booked at the county jail on suspicion of abortion after prolonged questioning. The alleged operations were performed at the Palos Verdes establishment known, the officers said, as 'the farm,' where two young women patients were found in a critical condition and sent to the General Hospital. . . . The places visited by representatives of five state, county, and city law enforcement agencies, headed by Chief Investigator Walter Anderson of the State Board of Medical Examiners, were: 1608 Margate Road, Palos Verdes, and private residences at 947 Neptune Street, Wilmington; 616 Opp Street, Wilmington, and a residence at 1011 223rd Street, Torrance. . . . Field agents, operating like salesmen for a large mail-order or wholesale establishment, would make the first contacts through their numerous connections. After receiving telephone calls from prospective patrons, it was revealed by the investigators, the headquarters would make a 'curb stone' pickup in an automobile. The prospect would identify herself, as instructed, by means of a white car-

(Continued on Page 38)

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BOARD OF MEDICAL EXAMINERS

(Continued from Page 36)

nation and by placing herself at a designated place. The patient, it was asserted, would be taken to one of the three clearance houses. . . . Anderson said he had been investigating the ring for a year and that he had evidence to show that the alleged traffic dealt with juveniles as well as with adults, and it was the 'largest thing of its kind to come to the attention of the board.'" (Los Angeles Examiner, December 18, 1940.)

"Mrs. May 'Doc' Ramsey and William Crissman, accused as principals in a county-wide illegal operation syndicate, were arraigned today before Municipal Judge Wilbur Curtis and pleaded not guilty to charges of conspiring to commit illegal operations. Writs of habeas corpus, on which the two were at liberty, had just previously been dismissed by Superior Judge Frank G. Swain. Preliminary hearing of the two was set for January 17, but the prosecution indicated that the case will probably be brought before the Grand Jury meanwhile. Bail for Mrs. Ramsay was fixed at \$10,000 and for Crissman at \$1,500." (Los Angeles Herald-Express, December 26, 1940.)

"Sheriff Biscailuz is amply justified in acting on the suggestion of the Grand Jury in the case of Dr. Benjamin J. Blank, jail physician, whose relations with Benny (Bugsy) Siegel, murder suspect, were so remarkable as

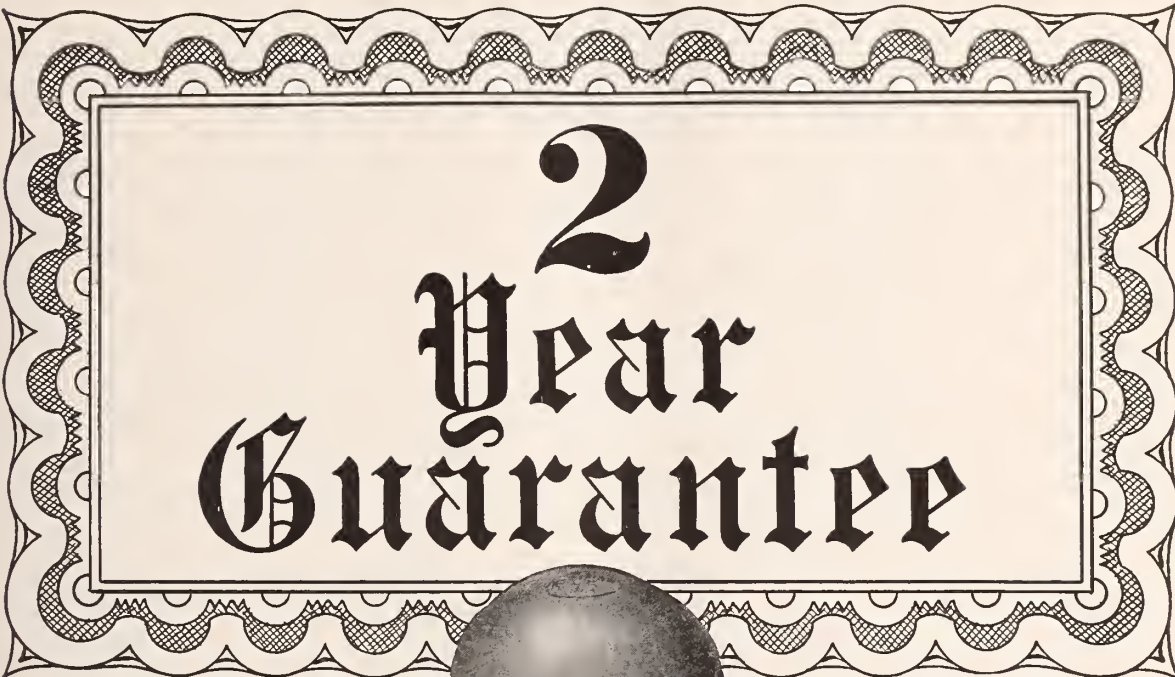
to give ground for grave suspicion. The close friendship which Doctor Blank admits existed between him and Siegel is, of itself, hardly explainable on satisfactory grounds. Still more remarkable is the financial transaction, involving \$32,000 between Siegel and Doctor Blank. Even if, as Doctor Blank says, this occurred before Siegel's arrest and imprisonment, it establishes a relationship with a man of Siegel's reputation that is not consistent with the responsibilities of Doctor Blank as jail physician. Under these conditions, Sheriff Biscailuz had no other course than to prefer charges against Doctor Blank before the county Civil Service Commission as a preliminary to final discharge from the sheriff's department. It is essential to the maintenance of proper public service at the county jail and of a standard of character and conduct among the personnel of the sheriff's force such as the people of Los Angeles County expect and demand in that important department." (Santa Monica Outlook, December 7, 1940.)

"Pleading guilty to misdemeanor charges of practicing medicine without a license, after a felony abortion charge was dismissed, Mrs. Valeri Hajduk, sixty, Evergreen midwife, paid a \$600 fine and was placed on two years' probation by Justice of the Peace Grandin H. Miller. . . ." (Oakland Tribune, December 17, 1940.)

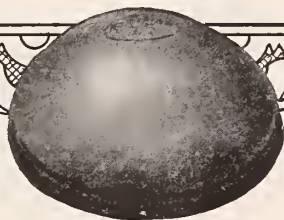
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(Continued on Page 40)

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Instruction circular on request

BOARD OF MEDICAL EXAMINERS

(Continued from Page 38)

General Warren so decreed yesterday with an opinion advising Dr. Charles B. Pinkham, Secretary-Treasurer of the State Board of Medical Examiners, that cosmetologists cannot lawfully administer reducing treatments—particularly by use of electrolysis. Electrolysis, Warren wrote, is clearly within the field of medical practice. He added, however: "This opinion should not be construed as holding that a licensed cosmetologist may not, under any circumstances, use electrical current in the practice of his or her art." (San Francisco *Chronicle*, December 19, 1940.)

"The three judges of the Appellate Department disagreed today as to whether a complaint was sufficient to charge J. B. Mansfield, a chiropractor, with violating the law. Judge Edward T. Bishop and Presiding Judge Hartley Shaw said it was. Judge Rcy Schauer said it was not. The complaint charged the defendant was practicing 'a system or mode of treating the sick or afflicted . . . without having at the time of so doing a valid, unrevoked certificate from the Board of Medical Examiners of the State of California, or a valid, unrevoked certificate from the Board of Osteopathic Examiners of the State of California.' . . . Case No. CR-A-1749." (Los Angeles *Journal*, December 16, 1940.)

"Pending since June 27, 1934, a charge of violating the State Medical Practice Act, which had been filed against E. T. Webb, seventy-four, of San Marino, Southern California, was cleared today when he pleaded guilty. Judge

Leslie K. Floyd imposed a fine of \$100, which was paid. The case has been continued many times at Webb's request, because of his poor health. In order to get all the records in the action, it was necessary to send a janitor delving into records in the courthouse basement." (Modesto *Bee*, December 12, 1940.)

"After hearing testimony of federal, state, and county narcotic agents, the Federal Grand Jury this week indicted Dr. A. S. Waiss, aged Westlake Avenue physician, and fourteen others on Narcotic Act charges. . . ." (Los Angeles *Wilshire Press*, December 2, 1940.)

"Complaints were filed in Sacramento against two Chinese herb specialists who were selling medicines for cancer, tumor, and other conditions. One of them was found guilty and fined \$100 in the municipal court. Trial date has not been set for the other case." (San Francisco *Le Societaire*, November, 1940.)

"Governor Culbert L. Olson's office said today it has been advised informally the Washoe County, Nevada, authorities have dropped their extradition proceedings against Dr. L. A. Stuck, Oakland physician, who was accused of complicity in a Reno abortion ring. . . ." (Sacramento *Bee*, December 12, 1940.)

"Two men and one woman were held for trial, charges against Dr. William E. Stewart of Portland, Oregon, and Dr. Z. A. D'Amours of Las Vegas were dismissed and a

(Continued on Page 42)

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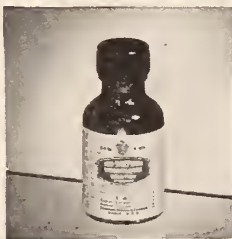
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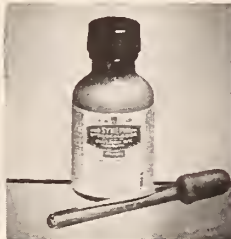
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BOARD OF MEDICAL EXAMINERS

(Continued from Page 40)

bench warrant for the arrest of Dr. Valentine St. John of Los Angeles was issued, all in the district court here in connection with the prosecution of asserted members of a Pacific coast-wide abortion ring. No action was taken in the Reno court in the complaint against Dr. L. A. Stuck of Oakland, who is conducting a fight to prevent his extradition to Nevada. The petition of the Nevada authorities for Stuck's custody will be aired in Sacramento tomorrow before Governor Culbert L. Olson. Those held for trial on the specific charge of performing an abortion are: Reginald L. Rankin, a former San Quentin inmate; Paul Cushing, said to be secretary of the asserted abortion ring, and Mrs. Ruth Barnett, nurse. The latter waived her preliminary hearing and is expected to be one of the principal state witnesses when the case is tried. Bail for Rankin and Cushing was increased from \$500 to \$2,500 each. Rankin was taken into custody as the hearing opened, at the request of the California Parole Board. The seven were accused of operating an illegal operation clinic in an elaborately equipped downtown office building here. The rooms were raided November 19 and much of the furnishings were seized. . . . Presented as evidence were thirty-four photographic enlargements of the suite of rooms, a case of surgical instruments, and medical books. Dismissal of the charges against Dr. Stewart and Dr. D'Amours took place after District Attorney Ernest S. Brown admitted he had no evidence of any criminal intent. He said evidence he had gathered showed Dr. Stewart previously had loaned money to Rankin and was about to lend additional funds with the idea of protecting his first loans, but the prosecutor's office could find no evidence Dr. Stewart was aware Rankin had any illegal plan. Others who testi-

fied included those who had rented quarters to Cushing and Rankin." (Sacramento Bee, December 11, 1940.) (Previous entry, July, December, 1936; June, December, 1937; Annual Report, Board of Medical Examiners for 1936, published in 1937 Directory.)

"Frederick Mazain, 66, local chemist, pleaded innocent when he appeared in Judge Grandin H. Miller's court last week on a charge of unlicensed practice of medicine. Jury trial is set for January 9. Mazain, of 305 South Tenth Street, was arrested by agents of the State Medical Board, who said the chemist had prescribed treatment for an eye ailment and for diabetic cases. The defendant was found guilty of similar charges four years ago." (San Jose County Review, December 3, 1940.)

"Superior Judge Thomas L. Ambrose today fined Mrs. Louise Norris, 44, of Kansas City, Missouri, \$1,000 and placed her on five years' probation on conviction of dispensing assertedly poisonous eyebrow and eyelash dye. Mrs. Norris was ordered to take off the market all consignments of dye not already seized by Milton P. Duffy, chief food and drug inspector for the State Department of Public Health." (Sacramento Bee, January 2, 1941.)

"New and startling revelations swept judge, jury, and courtroom into alternate moods of stunned bewilderment and hilarious amusement at the \$3,000,000 mail-fraud trial of 'I Am' leaders today. Strange and amazing events were described by witnesses, incidents which Government prose-

(Continued on Page 44)

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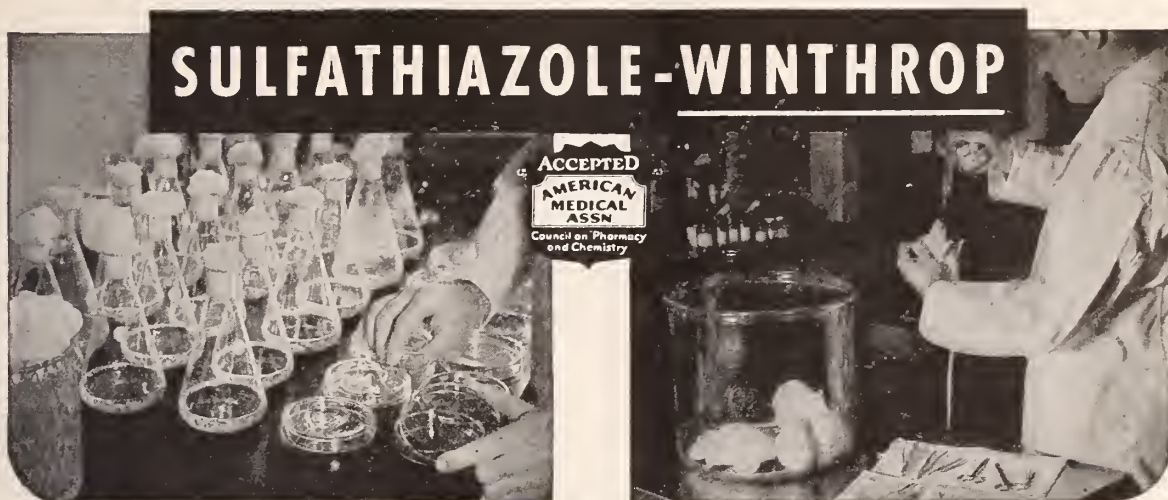
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Epidemic Influenza Treatment Still Concerns Symptoms, Not Causes.—Modern treatment of epidemic influenza must still concern itself with symptoms rather than causes, *The Journal of the American Medical Association* declares in answer to an inquiry.

"There is no specific treatment for true epidemic influenza," *The Journal* says. "Modern therapy (treatment) is of necessity still symptomatic. It places a special emphasis on two points: rest in bed and good nursing care. The patient should be put to bed as early as possible after onset of the disease and kept there until convalescence is well established. The object of good nursing is to promote the comfort of the patient and to preserve his strength. The diet during the acute stage should be liquid, should be given at frequent intervals and should not exceed 3,000 cubic centimeters (about three quarts) per day. A small enema on the second or third day is preferred to purgation by cathartics. Headache and body pains are combated by judicious and restricted use of analgesics (pain-relieving drugs) and sedatives, among which salicylates and codein are probably most useful. The irritating cough is treated by keeping the air of the sick room moist, by inhalation of compound tincture of benzoin in steam, and by expectorant and sedative drugs.

"It has been established that *Hemophilus influenzae* (Pfeiffer's bacillus) is not the cause of the disease, but that a virus and probably at least two strains cause epidemic influenza."

Typhoid Fever Immunization.—Following the earthquake in Imperial County on May 18, assistance was given the county health officer in conducting an immunization

program against typhoid. Clinics were held in school buildings, the city park, halls, and other places where people could be assembled. A total of 14,817 injections of typhoid vaccine was given, and the county health department is continuing to give injections where two and three doses are indicated. This program was necessary because of the damage to water supplies and fear that typhoid might follow.

Belie in yourself the weaknesses of your country. Water partakes of the qualities, good or bad, of the seams through which it flows; and man of the climate into which he is born. Some owe more to their country than others because a happier zenith lay above them. There is no nation, even of the most cultured, without some inborn defect which its neighbors will not at once strike upon, either for their caution, or their comfort. A commendable skill to eradicate such national weaknesses in yourself, or at least, to hide them; thus are you made unique among your kind, for what is least expected is esteemed most highly. There are weaknesses also of race, of rank, of profession, and of age, which, if gathered together in one individual, and not curbed, yield an intolerable monster.—Baltazar Gracian, 1653.

Tuberculosis of the intestinal tract is so frequent an occurrence in chronic pulmonary tuberculosis that it has sometimes been considered a part of the same disease. In over a thousand autopsied cases of tuberculosis, 70 per cent had intestinal tuberculosis. Symptoms are frequently misleading.—J. H. Cullen, M. D., *Bulletin of Sea View Hospital*, January, 1940.

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Decholin, chemically pure dehydrocholic (triketocholanic) acid, has been the subject of more than 400 published reports which attest its value in chronic cholecystitis, hepatitis of toxic origin, noncalculous cholangitis, biliary engorgement, and in the preoperative improvement of liver function. **Decholin** is contraindicated in total obstruction of the hepatic or common bile duct.

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Children Unknowingly May Have Serious Hearing Handicaps.—Children may have serious hearing handicaps for years without knowing it, Constance J. Foster, New York, points out in *Hygeia, The Health Magazine*.

"Never having heard normally," she explains, "the child has a poor basis for comparing himself with other children and fails to realize why he is different. He may learn to compensate for his deficiency by cleverly increasing the alertness of other senses, so that the parent is deceived, is even unaware of any defect."

Some of the symptoms which should be regarded as suggestive of ear difficulty include dullness, heaviness or a blocking sensation in the ears persisting for more than a few minutes, hearing better than others in noisy places, marked language retardation, asking frequently for the repetition of words and phrases, confusing similar sounds, distortion of speech out of proportion to the child's age, constant buzzing in the ears, vertigo or dizziness and failure to respond when called or to locate the source of sound properly. Other symptoms include headaches, fever, sweats, chills, acidosis, vomiting and coma, otherwise unexplained; tenderness, itching, heat or pain, deformities or swellings in or about the ears; moisture or discharge, running or odor from the external ear canal; facial spasm or paralysis, and allergic and neurologic symptoms correlated to any of the above manifestations.

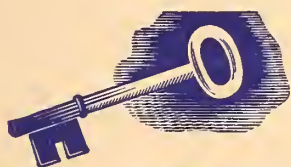
"Other than congenital defects, most hearing difficulties can be prevented if the troubles from which they arise are recognized promptly and treated at their source," Mrs. Foster says. "Most of the difficulty begins after infancy when the child is free to wander for the first time beyond the immediate protection of home and nursery. He is more exposed to colds and drafts, more at the mercy of inclement weather and infectious diseases.

"Regular and adequate hours for sleep, study and play, and the avoidance of crowds are sound preventive measures."

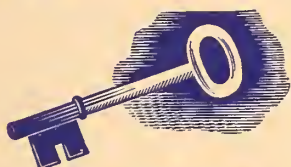
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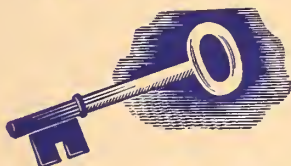
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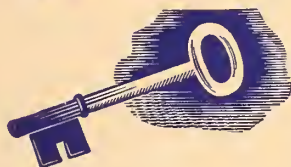
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CONTENTS AND SUBJECT INDEX

EDITORIALS:

- Pending Legislation: California Legislature Now in Session.....101
Members in Military Service and C. M. A. Dues 102
Medical Students and Schools, and the Military Services 102
American Medical Association On Trial.....104

EDITORIAL COMMENT:

- Adult Diphtheria in San Francisco. By J. C. Geiger and R. W. Burlingame, San Francisco 104
Sulfonamide Inhibitors in Mammalian Tissues. By W. H. Manwaring, Stanford University 105

SCIENTIFIC AND GENERAL:

- Evaluation of the Newer Therapy in the Pneumonias. By Roy E. Thomas, Los Angeles 106
Surgical Treatment of Essential Hypertension. By Whitfield Crane, Oakland.....108
Changing Treatment in Acute Infections. By Paul M. Hamilton, San Marino 111
Poison Oak and Poison Ivy Immunity Studies in Guinea Pigs. By Ernest K. Stratton, San Francisco 115
Pentobarbital-Sodium, Nembutal—In Obstetrical Analgesia. By Gwendolyn Campion, San Francisco 116
Pediatrics: Its Broader Aspects. By Oscar Reiss, Los Angeles 119
Epidermophytosis Treated with Sodium Borate. By Arne Ely Ingels, San Francisco 120
Premature Obstetrical Delivery Due to Poliomyelitis. By Nathan M. Spishakoff, Dan Golenternek, Los Angeles, and Albert G. Bower, Glendale.....121

CLINICAL NOTES AND CASE REPORTS:

- Insulin Treatment in Nondiabetic Disturbances. By Otto R. Wallerstein, San Francisco 123
Hippocrates' Aphorisms. By Moses Scholtz, Arcadia.....124

BEDSIDE MEDICINE:

- Diet Deficiencies 126
Discussion by Dwight L. Wilbur, San Francisco; Lovell Langstroth, San Francisco; John V. Barrow, Los Angeles.

STATE MEDICAL ASSOCIATION:

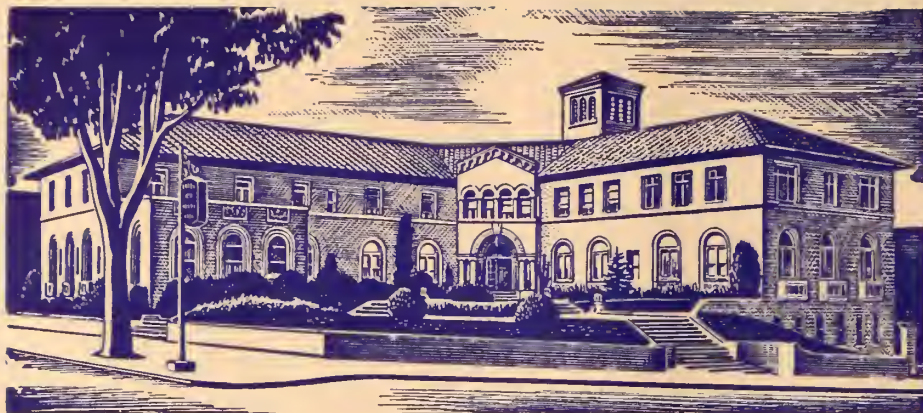
- California Medical Association 131
Annual Conference: State Association Officers and County Society Secretaries 131
California Committee on Medical Preparedness.....132
Committee on Public Policy and Legislation.....135
Committee on Postgraduate Activities.....137
Committee on Public Health Education 139
California Medical Association Cancer Commission 139
Committee on Scientific Work 139
Committee on Health and Public Instruction.....140
County Societies 141
Woman's Auxiliary 142
California Physicians' Service.....143
California Tuberculosis Association.....144

MISCELLANY:

- News 145
Medical Jurisprudence 151
Twenty-Five Years Ago 152
Board of Medical Examiners of the State of California 152
California Medical Directories.....Adv. pages 2, 4, 6
Book Reviews.....Adv. page 14

ADVERTISEMENTS:

- Index.....Adv. page 8



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2404 Broadway, Oakland
President, John W. Sherrick, 350 Twentyninth Street, Oakland.
Secretary, Gertrude Moore, 353 30th Street, Oakland.
Meeting, *Third Monday, 8:15 p. m., Hunter Hall, Oakland.*

Butte-Glenn County Medical Society
President, William W. Carey, 103 Hazel Street, Gridley.
Secretary, J. O. Chiappella, 131 Broadway, Chico.
Meeting, *Second Thursday.*

Contra Costa County Medical Society
President, R. J. P. Harmon, 314 Tenth Street, Richmond.
Secretary, L. Ahcott Hedges, 912 Macdonald Avenue, Richmond.
Meeting, *Second Tuesday, 8:00 p. m.*

Fresno County Medical Society
President, Frank R. Ruff, 1234 S Street, Fresno.
Secretary, J. E. Young, 405 Rowell Building, Fresno.
Meeting, *First Tuesday, University-Sequoia Club, Fresno.*

Humboldt County Medical Society
President, Lowell G. Kramar, 1049 Main Street, Fortuna.
Secretary, Joseph S. Woolford, 350 E Street, Eureka.
Meeting, *First Thursday.*

Imperial County Medical Society
President, William A. Clarke, 132 Fifth Street, Holtville.
Secretary, Claude F. Peters, 722 Main Street, El Centro.
Meeting, *Third Tuesday, 7:00 p. m., Barbara Worth Hotel, El Centro.*

Inyo-Mono County Medical Society
President, H. W. Crook, 106 S. Main, Bishop.
Secretary, George Shultz, 124 N. Main, Lone Pine.
Meeting, *Fourth Wednesday, Methodist Church, Bishop, except December, January, February.*

Kern County Medical Society
President, Lucille B. May, 1706 Chester Ave., Bakersfield.
Secretary, Sophie M. Loven, 458 Haberfelde Building, Bakersfield.
Meeting, *Third Thursday, 8:00 p. m.*

Kings County Medical Society
President, Lionel W. Sorenson, 1113 Whitley Avenue, Corcoran.
Secretary, Arthur Zeisner, 410 N. Irwin Street, Hanford.
Meeting, *Second Monday, 8:00 p. m., Legion Hall, Hanford.*

Lassen-Plumas-Modoc County Medical Society
President, W. B. McKnight, Portola.
Secretary, Bernard S. Holm, Quincy.
Meeting, *On Call.*

Los Angeles County Medical Association
1925 Wilshire Boulevard, Los Angeles
President, Thomas C. Myers, 1501 So. Figueroa Street, Los Angeles.
Secretary, L. A. Aleson, 1925 Wilshire Boulevard, Los Angeles.
Meeting, *First and Third Thursdays, 1925 Wilshire Boulevard, Los Angeles.*

Marin County Medical Society
President, Wilson P. Goddard, 308 Throckmorton Street, Mill Valley.
Secretary, Carl W. Clark, 1010 B Street, San Rafael.
Meeting, *Fourth Thursday, Deer Park Villa, Fairfax.*

Mendocino-Lake County Medical Society
President, Royal Scudder, 123 Laurel Street, Fort Bragg.
Secretary, Otto L. Gericke, Mendocino State Hospital, Talmage.
Meeting, *on Call.*

Merced County Medical Society
President, William E. Fountain, 357 Seventeenth Street, Merced.
Secretary, James A. Parker, Bank of America Building, Merced.
Meeting, *Third Thursday, Hotel Tioga, Merced.*

Monterey County Medical Society
President, James McPharlin, 8 East Alisal Street, Salinas.
Secretary, R. D. Mace, 601 South Main Street, Salinas.
Meeting, *First Thursday.*

Napa County Medical Society
President, Frank X. McGreane, Silverado Sanatorium, Calistoga.
Secretary, M. M. Booth, Bruck Building, St. Helena.
Meeting, *First Wednesday.*

Orange County Medical Society
President, Lawrence C. Cameron, 218 South Main Street, Santa Ana.
Secretary, Milo K. Tedstrom, 1626 Bush Street, Santa Ana.
Meeting, *First Tuesday, 8:00 p. m., Chapel of the Orange County Hospital, Orange.*

Placer-Nevada-Sierra County Medical Society
President, Lucas W. Empey, Roseville.
Secretary, Robert A. Peers, Colfax.
Meeting, *At Call of President.*

Riverside County Medical Society
President, Thomas A. Card, 3616 Main Street, Riverside.
Secretary, Hobart M. Kelly, 3616 Main Street, Riverside.
Meeting, *Second Monday, 8:00 p. m., Library, Riverside Community Hospital.*

Sacramento Society for Medical Improvement
President, Frank Warne Lee, 510 Physicians Building, Sacramento.
Secretary, Curtis H. McDonnell, California State Life Building, Sacramento.
Meeting, *Third Tuesday, 8:30 p. m., Auditorium, Sacramento.*

San Benito County Medical Society
President, J. M. O'Donnell, Hollister.
Secretary, L. E. Smith, Hollister.
Meeting, *At Call of President.*

San Bernardino County Medical Society
President, Eugene H. Hull, San Bernardino.
Secretary, A. E. Varden, Medico-Dental Building, San Bernardino.
Meeting, *First Tuesday, 8:00 p. m., San Bernardino County Charity Hospital.*

San Diego County Medical Society
1410 Medico-Dental Building, 233 A Street, San Diego
President, Frank A. St. Sure, 4067 Van Dyke Avenue, San Diego.
Secretary, C. V. Bernardini, 1410 Medico-Dental Building, 233 A Street, San Diego.
Meeting, *Second Tuesday, University Club.*

San Francisco County Medical Society
2180 Washington Street, San Francisco
President, Harold A. Fletcher, 490 Post Street, San Francisco.
Secretary, L. Henry Garland, 2180 Washington Street, San Francisco.
Meeting, *Every Tuesday, 8:15 p. m., 2180 Washington Street, San Francisco.*

San Joaquin County Medical Society
President, Raymond Leroy Owens, 28 Cory Building, Lodi.
Secretary, George H. Rohrhacher, 1005 Medico-Dental Building, Stockton.
Meeting, *First Thursday, 8:15 p. m., Medico-Dental Club Rooms, Stockton.*

San Luis Obispo County Medical Society
President, Horace Hagan, 1215 Chorro Street, San Luis Obispo.
Secretary, E. M. Bingham, County Health Department, San Luis Obispo.
Meeting, *Third Saturday, 6:30 p. m., Gold Dragon Cafe, San Luis Obispo.*

San Mateo County Medical Society
President, H. H. Whitney, 1204 Burlingame Avenue, Burlingame.
Secretary, Thomas Farthing, 23 Second Avenue, San Mateo.
Meeting, *Fourth Wednesday, Benjamin Franklin Hotel, San Mateo.*

Santa Barbara County Medical Society
President, H. R. Schwalenberg, Cottage Hospital, Santa Barbara.
Secretary, D. H. McNamara, 317 W. Pueblo Street, Santa Barbara.
Meeting, *Second Monday, Cottage Hospital.*

Santa Clara County Medical Society
President, A. J. Baiocchi, 369 South Third Street, San Jose.
Secretary, Leon P. Fox, Ste. Claire Building, San Jose.
Meeting, *Third Monday, 7:00 p. m., Sainte Claire Hotel, San Jose.*

Santa Cruz County Medical Society
President, A. F. Giherson, Watsonville.
Secretary, Samuel B. Randall, 84 Walnut Avenue, Santa Cruz.
Meeting, *First Tuesday of each month (except June, July and August), 7:30 p. m., Club Rio del Mar, Aptos.*

Shasta County Medical Society
President, Earnest Dozier, Redding.
Secretary, Bertram L. Trelstad, 1536 Market Street, Redding.
Meeting, *Second Monday.*

Siskiyou County Medical Society
President, F. W. Martin, 106 Orem Street, Mt. Shasta.
Secretary, Victor W. Hart, 113 No. Oregon Street, Yreka.
Meeting, *Sunday on call.*

Solano County Medical Society
President, H. Randall Madeley, 727 Sonoma Street, Vallejo.
Secretary, John W. Green, Box 539, Vallejo.
Meeting, *Second Tuesday, 8:00 p. m., Casa de Vallejo Hotel, Vallejo.*

Sonoma County Medical Society
President, S. Z. Peoples, 159 Kentucky Street, Petaluma.
Secretary, T. E. Alhers, 600 B Street, Santa Rosa.
Meeting, *Second Thursday.*

Stanislaus County Medical Society
President, Hoyt R. Gant, 1024 J Street, Modesto.
Secretary, A. E. Ghilotti, 1024 J Street, Modesto.
Meeting, *Second Friday, 7:30 p. m., Hotel Hughson.*

Tehama County Medical Society
President, R. G. Frey, Red Bluff.
Secretary, F. J. Bailey, Red Bluff.
Meeting, *At Call of President.*

Tulare County Medical Society
President, Ray E. Cronemiller, 160 South E Street, Exeter.
Secretary, Forrest G. Powell, 222 W. Willow Street, Visalia.
Meeting, *Sunday Evening once a month.*

Ventura County Medical Society
President, James W. Moore, 23 S. California Street, Ventura.
Secretary, Robert K. Harker, 132 Fourth Street, Oxnard.
Meeting, *Second Tuesday, Ventura County Country Club.*

Yolo County Medical Society
President, Edwin K. Copeland, 405 First Street, Woodland.
Secretary, Wilfred T. Robbins, 719 Second Street, Davis.
Meeting, *First Wednesday.*

Yuba-Sutter-Colusa County Medical Society
President, Romayne B. Whitney, Plumas Street, Yuba City.
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I. Knight, F., and Shelanski, H. A., "Treatment of Acute Anterior Urethritis with Silver Picrate," *Am. J. Syph. Gon. & Ven. Dis.*, 23, 201 (March) 1939.

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Reports Show Expanding Use of Sulfanilamide Compounds.—The expanding usefulness of sulfanilamide and its derivatives, sulfapyridine and sulfathiazole, is revealed in twelve articles in the January 25 issue of *The Journal of the American Medical Association*, dealing with the three drugs. The same issue also carries an announcement by the Association's Council on Pharmacy and Chemistry of the acceptance of sulfathiazole for inclusion in New and Nonofficial Remedies and a report on an analysis of the drug by the chemical laboratory of the Association.

Of particular importance is a paper which reports that sulfapyridine seems to be more applicable to the comprehensive treatment needs of gonorrhea than does sulfanilamide, and another paper in which it is pointed out that the various sulfonamide drugs have produced encouraging results in the treatment of subacute bacterial endocarditis. This condition, involving inflammation of the membrane lining of the heart, until recently was considered to be generally fatal and all methods of treatment had been adjudged ineffective.

A hopeful outlook for another condition involving the heart is reported in another paper, wherein it is stated that infections of the pericardium (the sac which contains the heart) may be susceptible to treatment with sulfonamide compounds.

Still further evidence of the value of sulfanilamide in the treatment of actinomycosis is reported in another paper. This condition is a chronic infectious fungous disease of cattle, sometimes transmitted to man and characterized by the formation of lumpy tumors on the jaws and tongue. The fungus may develop in the viscera (the organs of the abdomen), bone and skin, as well as in the mouth and jaws. Among its other names are lumpy jaw and wooden tongue.

Among the papers discussing the actions of the sulfonamide compounds is one which points out that physically

induced fever enhances the value of these compounds in the treatment of subacute bacterial endocarditis.

In a study of the comparative value of sulfathiazole and sulfapyridine in the treatment of pneumonia in infancy and childhood, Dr. Stewart C. Wagoner, and Dr. William F. Hunting, Cincinnati, report that "sulfathiazole is as effective as sulfapyridine in the treatment of pneumonia."

Dr. Charles K. Friedberg, New York, in a paper discussing sulfapyridine treatment in lobar pneumonia associated with leukopenia (reduction in the number of white cells in the blood) points out that the presence of a low white blood cell count should not contraindicate the use of sulfapyridine. He says that although it is known that sulfapyridine itself is capable of bringing about leukopenia, the latter condition also may be associated with pneumonia and that when this is true the mortality rate is unusually high. He says that the danger of sulfapyridine leukopenia is relatively slight and that because of the effectiveness of the drug in the treatment of pneumonia its use is particularly indicated in severe cases of the latter disease.

In a discussion of the effective use of sulfanilamide in the treatment of actinomycosis, Dr. Leonard Dobson, Dr. Emile Holman, and Dr. Windsor Cutting, San Francisco, report three cases, one involving infection of the jaw, one of the chest, and one of the abdomen. All of them were completely cured and the administration of sulfanilamide seemed to be the deciding treatment agent. Their treatment of the cases also included the use of x-rays.

Many previous reports have been made regarding the effectiveness of sulfanilamide in the treatment of gonococcal infections. Dr. C. J. Van Slyke, Dr. R. R. Wolcott, and Dr. J. F. Mahoney, Staten Island, New York, report the results of their investigations of sulfapyridine in the treatment of such infections and compare the adaptability

(Continued on Next Page)

Alphabetical List of ADVERTISERS

	PAGE
Acousticon Institute	36
Aetna Casualty and Surety Company	12
Alexander Sanatorium	40
Alum Rock Sanatorium	9
American Can Company	31
Arrowhead Springs Hotel and Spa	20
Barry Company, The James H.	43
Baxter, Inc., Don	11
Bolin, M. D., Zera E., Pathological Service	22
Borden Company, The	41
Broemmels' Pharmaceuticals	3
Butler Building.....	Second Cover
California Sanatorium	34
Calso Water Company	34
Ciba Pharmaceutical Products, Inc.	42
Classified Advertisements	12
Colfax School for the Tuberculous	44
Compton Sanitarium and Las Campanas Hos- pital	36
Cook County Graduate School of Medicine	9
Corn Products Refining Company	21
Crocker First National Bank	36
Cutter Laboratory.....	Fourth Cover
Doctor's Business Bureau.....	10
French Hospital	16
General Electric X-Ray Corporation	25
Greens' Eye Hospital.....	Second Cover
Hotel Sir Francis Drake	26
Hynson, Westcott & Dunning	8
Ingram Laboratories	44
Jenkel-Davidson Optical Company	15
King Ambulance Company	40
La Loma Feliz	12
Las Encinas Sanitarium	36
Lederle Laboratories, Inc.....	23
Lilly & Company, Eli	32
Lincoln & Ulmer, Inc.	5
Livermore Sanitarium	14
Los Angeles Tumor Clinic	15
Luzier's, Inc.	38
M. & R. Dietetic Laboratories, Inc.	17
Mead Johnson and Company	37
Medical Protective Company, The	20
Morning Milk Company	1
New York Polyclinic Medical School and Hos- pital	9
Noble Placement Agency	12
Officers of the California Medical Associa- tion.....	2, 4, 6
Officers of Miscellaneous Medical Associations	6
Owl Drug Company, The	26
Park Sanitarium	30
Parke, Davis & Company	19
Petrolagar Laboratories, Inc.	29
Philip Morris & Company, Inc.	39
Physicians' Casualty Association and Physi- cians' Health Association	22
Physicians Formula Cosmetics	40
Pottenger Sanatorium	34
Riedel-de Haen, Inc.	3
Riggs Optical Company	38
St. Francis Hospital	30
St. Luke's Hospital	42
St. Mary's Hospital	5
Sandoz Chemical Works, Inc.	28
Sanitube Company, The	40
Sharp & Dohme	13
S. M. A. Corporation	33
Squibb & Sons, E. R.....	Third Cover
Stacey, J. W., Inc.	15
Stuart Oxygen Company	18
Summit Medical Building	15
Twin Pines	10
Upjohn Company, The	27
Vitamin Food Company, Inc.	24
Winthrop Chemical Company	35
Wyeth & Brother, Inc., John	7
Yates Reporting Service	12

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(Continued from Preceding Page)

of sulfanilamide and sulfapyridine to the treatment needs of the disease. As a result of a study of three hundred cases they say they prefer sulfapyridine. The cure rate, they report, approached 85 per cent for patients who had not received previous chemical treatment and 70 per cent for those who had failed to benefit by earlier sulfanilamide treatment.

Dr. Morris H. Nathanson, Los Angeles, reports that as the result of a study it was found that sulfanilamide and sulfathiazole diffuse into the pericardial sac (containing the heart). Because of this, he says that since infection of the pericardium may be due to organisms such as the pneumococcus, streptococcus, and staphylococcus, which are susceptible to the sulfonanide compounds, these drugs should be indicated in pericardial inflammations due to these organisms.

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In a discussion of the present status of the treatment of subacute bacterial endocarditis, Doctors S. S. Lichtman and William Bierman, New York, state that, among two hundred cases of subacute bacterial endocarditis due to *Streptococcus viridans* and nonhemolyticus, collected from the literature and the records of the Mount Sinai Hospital, in which the sulfonamide drugs were administered, recovery occurred in twelve, an incidence of 6.0 per cent recovery. Among forty-three patients treated with a combination of one of the sulfonamide compounds and heparin, five recovered, an incidence of 11.5 per cent recovery. Among twenty-four patients treated with one of the sulfonamide compounds combined with physically induced fever, four recovered, an incidence of 16.0 per cent recovery.

In another paper in the same issue, Doctors Bierman and George Baehr, New York, report the apparent recovery of two patients with subacute bacterial endocarditis by treatment with sulfanilamide and artificially induced fever.

George B. Craddock, M.D., and Russell V. Bowers, M.Sc., Richmond, Virginia, report the effective use of sulfapyridine in the treatment of a recurrent case of meningitis (inflammation of the membranes enveloping the brain and spinal cord) occurring four times within a year in the same patient. "As far as we have been able to determine," they say, "there have been no cases of recurrent pneumococcal meningitis reported; this is probably due to the high mortality of this disease before the sulfapyridine era. Previous to the use of sulfapyridine, nearly all patients died before they could recover and suffer recurrences."

In another report, Doctors Joseph F. Sadusk, Jr., and Aage E. Nielsen, New Haven, Connecticut, report the recovery of a patient from the highly fatal meningitis due to *Staphylococcus aureus* following the administration of sulfathiazole.

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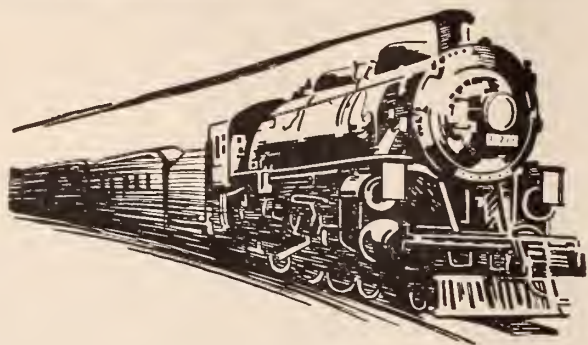
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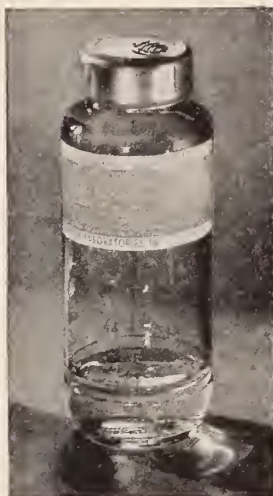
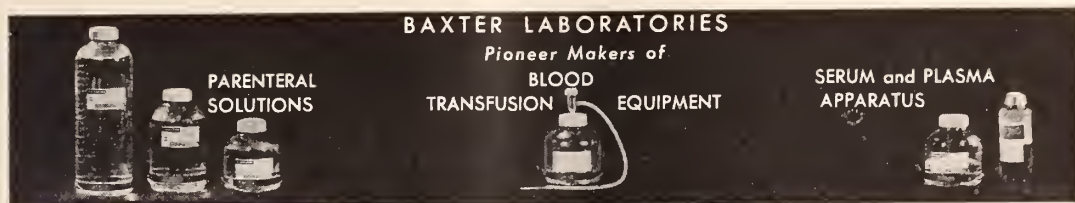
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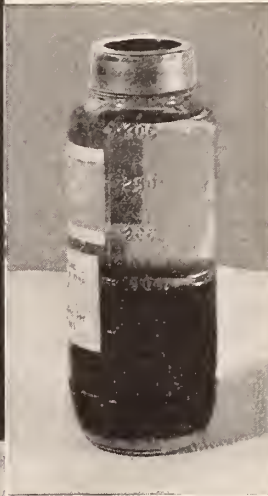
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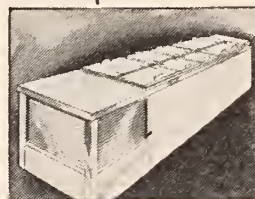
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BOOK REVIEWS

BOOKS RECEIVED

University of California Hospital Formulary, and Compendium of Useful Information. Cloth. Price, \$2. Pp. 270. Berkeley and Los Angeles, University of California Press, 1941.

Electrocardiography in Practice. By Ashton Graybiel, M. D., Instructor in Medicine, Courses for Graduates, Harvard Medical School; Research Associate, Fatigue Laboratory, Harvard University; Assistant in Medicine, Massachusetts General Hospital, and Paul D. White, M. D., Lecturer in Medicine, Harvard Medical School; Physician, Massachusetts General Hospital, in charge of the Cardiac Clinics and Laboratory. With 272 illustrations. Cloth. Price, \$6. Pp. 319. Philadelphia and London: W. B. Saunders Company, 1941.

Strange Malady: The Story of Allergy. By Warren T. Vaughan, M. D., Line Drawings by John P. Tillery. Cloth. Pp. 268. Price, \$3. New York: Doubleday, Doran & Company, Inc., 1941.

Human Hopes. By Ray Lyman Wilbur, President, Stanford University. Addresses and Papers on Education, Citizenship, and Social Problems. Cloth. Pp. 367. Price, \$3. Stanford University, California, Stanford University Press. London, Humphrey Milford; Oxford University Press.

Diseases of the Digestive System. Edited by Sidney A. Portis, B. S., M. D., F. A. C. P., Associate Clinical Professor of Medicine, Rush Medical College of the University of Chicago; Attending Physician, Michael Reese Hospital;

Consulting Physician, Cook County Hospital, Chicago. Illustrated with 176 engravings. Cloth. Pp. 952. Price, \$10. Philadelphia: Lea and Febiger, 1941.

Manual of Clinical Chemistry. By Miriam Reiner, M.Sc., Assistant Chemist to the Mount Sinai Hospital, New York. Introduction by Harry Sobotka, Ph.D., Chemist to the Mount Sinai Hospital, New York. With 18 illustrations. Cloth. Pp. 296. Price, \$3. New York: Interscience Publishers, Inc., 1941.

Williams' Obstetrics. A Textbook for the Use of Students and Practitioners. By Henricus J. Stander, M.D., F. A. C. S., Professor of Obstetrics and Gynecology, Cornell University Medical College; Obstetrician and Gynecologist-in-Chief, New York Hospital, and Director of the Lying-In Hospital, New York City. Eighth edition. Cloth. Pp. 1401. New York, London: D. Appleton-Century Company, Inc.

The Therapy of the Neuroses and Psychoses. A Socio-Psycho-Biologic Analysis and Resynthesis. By Samuel Henry Kraines, M. D., Associate in Psychiatry, University of Illinois, College of Medicine; Assistant State Alienist, State of Illinois; Diplomate of American Board of Psychiatry and Neurology. Cloth. Pp. 512. Price, \$5.50. Philadelphia: Lea & Febiger, 1941.

Anus, Rectum, and Sigmoid Colon. Diagnosis and Treatment. By Harry Ellicott Bacon, B. S., M. D., F. A. C. S., F. A. P. S., Clinical Professor of Proctology, Temple University School of Medicine; Associate Professor of Proctology, Graduate School of Medicine, University of Pennsylvania; Visiting Proctologist, St. Luke's and Children's Hospital; Proctologist, National Stomach Hospital; Consultant Proctologist, Mercy Hospital; Consultant Proctologist, Paul Kimball Hospital, Lakewood, New Jersey; Co-Founder and Past President, Proctologic Society Graduate Hospital, University of Pennsylvania; Lieutenant-Commander, MC-V (Surg.), United States Naval Reserve.

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Introduction by W. Wayne Babcock, A. M., M. D., LL. D., F. A. C. S., Professor of Surgery, Temple University School of Medicine. Foreword by J. P. Lockhart-Mummery, M. A., M. B., B. C. (Cantab.), F. R. C. S. (Eng.), Emeritus Surgeon, St. Mark's Hospital, London, England. Five hundred and seven illustrations in the text, mostly original, by William Brown McNett. Second edition. Cloth. Pp. 857. Price, \$8.50. Philadelphia, Montreal, London: J. B. Lippincott Company.

Textbook for Male Practical Nurses. By Gayle Coltman, R. N. Cloth. Pp. 215. Price, \$2. New York: The Macmillan Company.

Manual of Physical Diagnosis, with Special Consideration of the Heart and Lungs. By Maurice Lewison, M. D., Professor of Physical Diagnosis, University of Illinois College of Medicine; Consulting Physician, Cook County Hospital; Attending Physician, Mount Sinai Hospital, Chicago; Formerly Attending Physician and Chief of Tuberculosis Staff, Cook County Hospital, and Ellis B. Freilich, M. D., Associate Professor of Medicine, University of Illinois College of Medicine; Professor of Medicine, Cook County Graduate School of Medicine; Attending Physician and Chief of Tuberculosis Staff, Cook County Hospital; Consultant to the Chicago Municipal Tuberculosis Sanitarium; Attending Physician, University Hospital; Associate Attending Physician, Mount Sinai Hospital, Chicago. In collaboration with George C. Coe, M. D., Instructor of Medicine, University of Illinois College of Medicine; Associate Physician, Cook County Hospital; Clinical Assistant, Mount Sinai Hospital, Chicago. Cloth. Pp. 317. Chicago, Illinois: The Year Book Publishers, Inc.

BOOK REVIEWS

Bacillary and Rickettsial Infections, Acute and Chronic. A Textbook. Black Death to White Plague. By William H. Holmes, Professor of Medicine, Northwestern University Medical School, Chairman, Department of Medicine, Passavant Memorial Hospital, Chicago. Cloth. Price, \$6. Pp. 676. New York: The Macmillan Company, 1940.

This book is a complete compend of the bacillary infections, divided into eight sections which cover the Pas-

(Continued on Next Page)

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BOOK REVIEWS

(Continued from Preceding Page)

tuerella, Rickettsial, Brucella, Enteric, Hemophilus, Mycobacterial, and miscellaneous bacillary infections such as glanders, anthrax, melioidosis, etc., as well as a section devoted to the bacillary intoxications including diphtheria, botulism, tetanus, and gas gangrene.

Each section is followed with a fairly extensive and recent reference bibliography, while a well-compiled index terminates the volume. For easy reference each paragraph is supplied with an indented heading in bold-face type which summarizes the contents of that particular section.

The historical accounts, and early descriptions of these various infections are especially interesting. Rather extensive quotations from these early writings are included, notably Nathan Smith's essay on "Typhus Fever" in the section on typhoid fever, and excerpts from Boccaccio and Shakespeare concerning plague and typhus fever. The picture thus painted for each disease, from the early ideas of etiology and therapy, to the present status of recent advances in chemotherapy and biological therapy is well done, and will aid in broadening the knowledge of both student and physician.

Doctor Holmes has written a masterful book which very adequately fulfills the author's desire to "cover each subject with a reasonable degree of completeness consistent with its social, medical, and historic importance, without producing an exceedingly bulky and expensive volume."—L. H. D., Jr.

Office Urology, with a Section on Cystoscopy. By P. S. Pelouze, M.D., Assistant Professor of Urology, University of Pennsylvania; Consulting Urologist, Delaware County Hospital; Special Consultant to United States Public Health Service; Member of Board of Directors, American Social Hygiene Association and American Neisserian Medical Society. With 443 illustrations, 19 of them in color. Cloth. Pp. 766. Philadelphia and London: W. B. Saunders Company, 1940.

Long known for his authoritative views on the subject of gonorrhea, the author, in this book, demonstrates his mastery of all phases of the office treatment and management of urological patients. Based on the wisdom and experience of thirty-five years of nonsurgical urological background, the material presented should be of great value, not only to the specialist, but to the general practitioner, who frequently sees and must deal with the host of so-called minor urogenital disorders, which assume a major aspect in the mind of the patient, and present many perplexing problems. Only a small part of the book is devoted to anatomy and physiology. Office laboratory work is presented simply but adequately, and with the equipment and methods described, a sadly neglected field is easily mastered. Most of the discussions deal with the commonest urogenital symptoms and disorders, and are presented in such detail, and with such attention to the technique of treatment as applied to the various phases of each disease syndrome, that no one could mistake the clear and logical plan of attack on each problem. The chapter on gonorrhea is brought up to date with full descriptions of the sulfonamides, including sulfathiazole. The author voices a healthy skepticism concerning the criteria of cure and emphasizes the necessity of cultures to detect the asymptomatic carrier stage frequently resulting from the use of these agents. In the closely associated non-specific infections and prostatitis much intelligent and informative material is presented.

Deserving of special attention is the chapter devoted to the sexual abnormalities. These are described clearly and dealt with in a practical, sensible manner, chiefly from the physiologic and psychic aspects, stressing the usual absence of local organic changes as responsible factors in impotence and premature ejaculations.

A considerable portion of the volume concerns the major urological syndromes, adequate presentations of which are given. Doctor Pelouze is one of those who have not been led astray by the ultra-enthusiastic resectionists, who would resect every prostate through which it is possible

(Continued on Page 18)

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Acta Paediatrica Vol. 16, 1933



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BOOK REVIEWS

(Continued from Page 16)

to introduce the instrument. Having to administer to his patients following operation, he prefers to advise those with the larger grades of hypertrophy to submit to a single clean enucleation, by the perineal or suprapubic route, reserving the resectoscope for bars, contractures, carcinoma, and the smaller hypertrophies.

The last quarter of the book is devoted to cystoscopic and roentgenologic examinations, and to the treatment of the conditions thus diagnosed. This section should contribute greatly to a better understanding of the indications and uses of the cystoscope by those who are not already familiar with this phase of urology, much of which can be done as office procedures.—I. E. LeDuc.

The Treatment of Diabetes Mellitus. By Elliott P. Joslin, A. M., M. D., Sc. D., Medical Director, George F. Baker Clinic, New England Deaconess Hospital; Clinical Professor of Medicine Emeritus, Harvard Medical School; Consulting Physician, Boston City Hospital. Howard F. Root, M. D., Physician, New England Deaconess Hospital; Instructor in Medicine, Eastern Maine General Hospital; Massachusetts State Infirmary, Tewksbury, Middlesex County Tuberculosis Sanitarium; Instructor in Medicine, Harvard Medical School. Priscilla White, M. D., Physician, New England Deaconess Hospital; Instructor in Pediatrics, Tufts College Medical School. Alexander Marble, A. M., M. D., Physician, New England Deaconess Hospital; Instructor in Medicine, Harvard Medical School. Seventh edition, thoroughly revised. Illustrated. Cloth. Price, \$7.50. Pp. 783. Philadelphia: Lea & Febiger, 1940.

The complexion of medicine as a whole is constantly changing and revisions of a treatise on as universal a disease in diabetes almost justify a loose-leaf publication if one is to intelligently modify the relationship of the disease with the newer concepts. In my library is the first edition of Joslin's "Treatment of Diabetes Mellitus, with Observations Upon the Disease Based on One Thousand Cases," which was given me by the author when I was a medical student in the days before insulin. Now twenty-

four years later Joslin and his associates give us a welcome seventh edition. In it one finds all the exuberant enthusiasm of the earlier works and the condensed experience based on 19,000 cases of diabetes and glycosuria.

The preceding edition appeared early in the "Hagedorn Era" with the discovery of protamin-insulin. This new edition elaborates, of course, on the experience gained with the slow-acting preparations. New or completely revised sections are those on vitamins, on allergy, and on hyperinsulinism, due to pancreatic tumors and other factors. Fascinating and practical is the exposition of the newer ideas in regard to pituitary physiology and the newer experimental work on animals, which hold out some slight hope for possible prevention and cure. The importance of proper handling of diabetic patients in surgery and obstetrics is stressed. In addition to all this, the inclusion of charts, tables, and detailed regimens for routine treatment make this book, like its predecessor, a most valuable working manual.—W. H. B.

TWENTY-FIVE YEARS AGO

(Continued from Text Page 152)

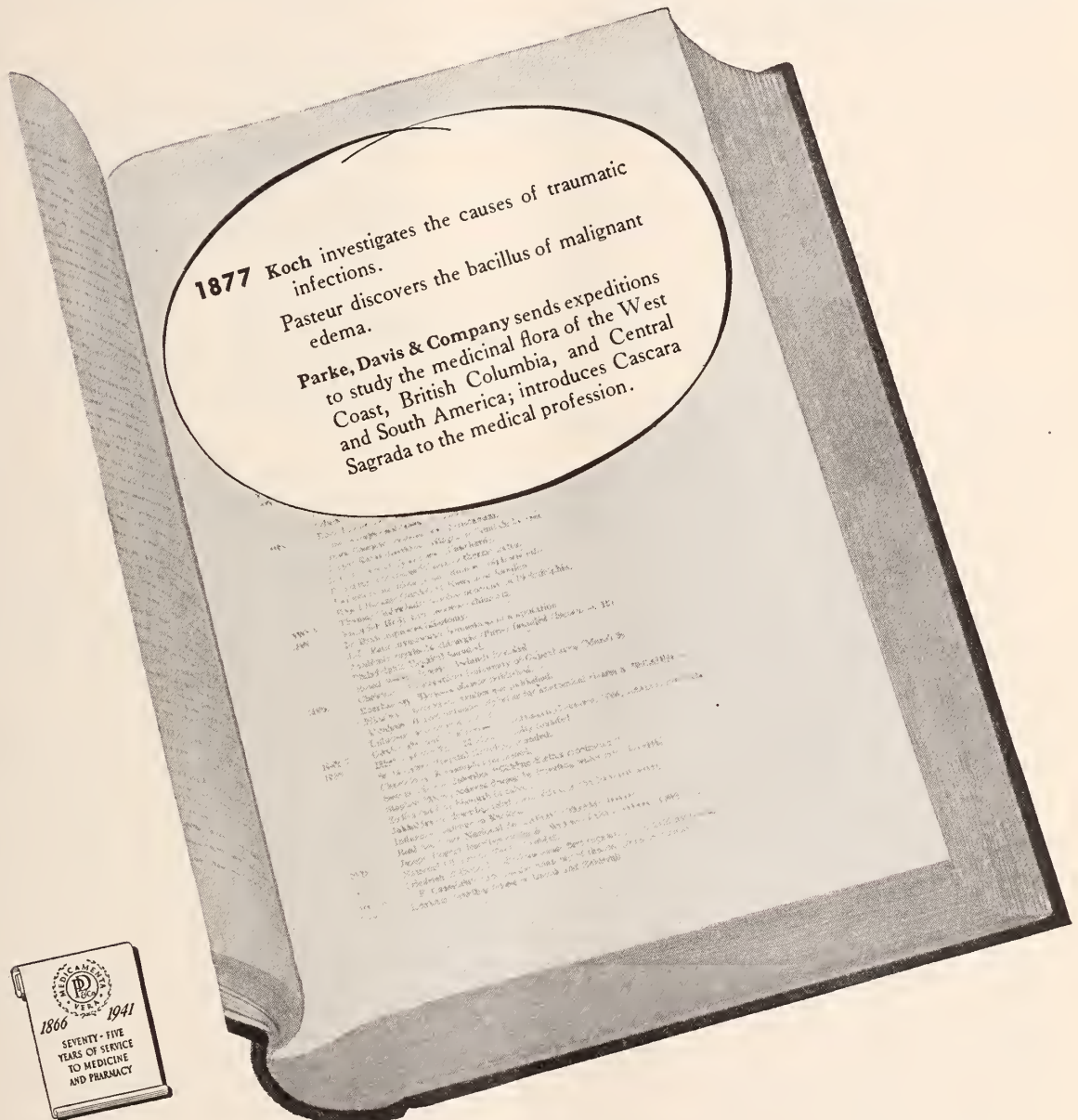
meet court accusations, sometimes justifiable, more often the reverse, and to defend their professional ability and personal interests against unfounded claims. In one instance, in which it was my fate to be subpoenaed to give evidence in support of one of our colleagues accused, as I believe, unjustly of negligence in practice, no little of the misfortune which overtook him in an adverse decision was due to the entire absence of any record of his observations or confirmatory written evidence of the statements he made in court. If, as it would seem from that decision, any or all of us may be held to account and serious professional and monetary loss, by reason of our not informing our patients of the conditions we have discovered, or suspect, then it most clearly behooves us not only to give such information, but to show, by unquestion-

(Continued on Page 20)

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TWENTY-FIVE YEARS AGO

(Continued from Page 18)

able records, that we have so done. The alteration in the conduct of medical work brought about by the accident insurance law, and the obligations it enforces, make a special demand in this direction, and it is in compliance with a general request that I once more dwell upon the best methods of making and keeping such records. . . .

From an Original Article on "A Study in Handicaps," by Frederick Grazer, M.D., and F. F. Gundrum, M.D., Sacramento.—At a meeting of the Sacramento County Hospital staff about a year and a half ago [1914] a new interne asked the question, "Why do people have to come to the County Hospital anyway?" Thereupon succeeded a discussion among us and very unexpectedly we found a considerable divergence of opinion. The question, of course, resolved itself to whether the economic stress in Sacramento County had become acute enough that an average individual was unable to take care of his medical wants, or whether the most of our clientele had some additional burden affecting waring capacity, that is were "handicapped." In order to investigate this question we undertook a short clinical and social history from entrants to the hospital, together with a superficial physical examination. It was impossible to secure data from all admitted consecutively. . . .

From an Original Article on "Leukopenia: Its Relation to Neuralgia," by Joseph H. Catton, M.D., San Francisco.—Neuralgia has a most varied etiology. Certain factors, for example trauma, or dental caries, may, acting purely locally, cause it. This communication considers the

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systemic causes of neuralgia. It shows that each of these etiologic factors tends also to bring about a relative or absolute decrease in the number of granular leukocytes, and offers the suggestion that there is a definite relation between the leukopenia and the nerve affection giving rise to neuralgia. . . .

From an Original Article on "The Typhoid Fever Death Rate in California," by Wilbur A. Sawyer, M.D., Secretary, California State Board of Health.—The typhoid fever death rate in California has been falling steadily since the year 1906, when authoritative statistics were first collected. Nevertheless, typhoid fever is still too prevalent [in 1916], and the State Board of Health is determined to bring about further marked reductions in the amount of this disease.

The typhoid death rate, expressed in the number of deaths per 100,000 of population is, at the present time in California, the only practical measure by which success in attempts to reduce typhoid fever can be gauged. The case rate, or morbidity rate, would be a better indicator of the success of preventive measures if it could be accurately ascertained. Too many cases of typhoid fever, however, go entirely unreported to make the morbidity rate a true picture of the condition with regard to typhoid fever in the state. . . .

From an Original Article on "Oral Hygiene—The Care of the Mouth During Illness," by John Sayre Marshall, M.D., Se.D., Captain United States Army, Retired.—In casting about for a subject upon which to address you this evening, this thought occurred to me to ask, "What prophylactic care is usually given to the mouth and teeth of those persons who are seriously ill, in our homes and

(Continued on Page 22)

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1 oz. wt.....	28 grams 90 cal.
1 teaspoon.....	20 cal.
1 tablespoon.....	60 cal.



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TWENTY-FIVE YEARS AGO

(Continued from Page 20)

hospitals?" And I was forced to answer—practically none. And yet it is during these periods that much of the damage, sometimes irreparable, is done to the teeth and oral tissues. This is a much-neglected department of prophylaxis and for that reason I have chosen to speak upon it this evening. . . .

From an Original Article on "Complete Removal of Parotid Gland Without Injury to Facial Nerve," by J. Henry Barbat, M.D., San Francisco.—The complete removal of the parotid gland is indicated in cases of malignant growth, and according to most authorities on the subject, necessitates the sacrifice of the facial nerve. When the growth is limited to the parotid, and the tumor not too large, it is feasible to save the facial nerve and avoid a most distressing deformity. This can be accomplished by a careful dissection of the nerve through the parotid tissue, after finding one of its branches as far from the malignant focus as possible. The branch is then traced back to the main nerve and then worked out exactly as in the dissecting room. This can usually be accomplished without cutting through the growth proper, as we find that the nerve fibers are pushed to one side instead of being involved in the malignant process. Even when nerve fibers are found passing directly through malignant tumors we very often find that the disease process has not invaded the nerves, and with correct technique it is possible to cut them out without running any serious risk of implanting malignant cells in the surrounding tissues.

From Society Reports—Alameda County. Annual Meeting, December 21, 1915.—The regular monthly and annual

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meeting of the Alameda County Medical Association was held at the Hotel Oakland, Tuesday evening, December 21, 1915. The meeting was called to order by the president, Dr. G. G. Reinle. The minutes of the previous meeting were read and approved. . . .

Doctor Makinson, chairman of the Board of Tellers, announced the result of the annual election as follows:

President, Dr. David Hadden; vice-president, Dr. W. H. Irwin; secretary-treasurer, Dr. Elmer E. Brinckerhoff; councilors, Drs. L. P. Adams, W. A. Clark, J. L. Milton, Pauline S. Nusbaumer, Alvin Powell, and Dudley Smith; delegates, 1916-17, Drs. A. S. Kelly, T. C. McCleave, J. L. Milton, and George G. Reinle; alternate delegates, Drs. G. Irwin Brinckerhoff, S. H. Buteau, Thomas J. Clark, A. F. Gillihan, D. Hadden, Gertrude Moore, R. T. Stratton, and W. H. Strietmann.

From Society Reports—Fresno County.—The Fresno County Medical Society met on the evening of January 4, 1916, in the offices of Drs. T. N. Sample and A. B. McConnell, Dr. Harry J. Carycroft (vice-president) presiding. About thirty members were present.

The Committee on Arrangements for the State Society meeting to be held in Fresno in April, 1916, reported through its secretary, Doctor Staniford, that several subcommittees had been appointed and that considerable progress was being made in the preparation for this meeting. It was reported that each member of the General Committee thoroughly appreciated the responsibility imposed upon him and that he was not only willing, but eager, to assume any additional duties which the Chairman might wish to assign to him. . . .

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BOARD OF MEDICAL EXAMINERS

(Continued from Text Page 152)

jurors, jurors made up of weak, ignorant, vacillating, spineless men, because they desire not that justice shall prevail, but that injustice shall triumph." (Press dispatch dated Kansas City, January 17, 1941, published in Los Angeles *Daily Journal*, January 18, 1941.)

"Testimony of Hollywood celebrities that 'eye relaxation' treatments had aided them, won an acquittal for Margaret Corbett, 51, and Bertha E. Smith, 50, on a charge of practicing medicine without a license. . . . Among the defense witnesses were Irene Rich and Billie Burke, stage, screen, and radio actresses; Aldous Huxley, British author and philosopher; and Anita Loos, novelist. The treatments offered by the defendants, witnesses brought out, included watching jumping beans, ping-pong balls, wheel spokes and rolling dice." (Los Angeles *City News*, January 30, 1941.)

"Dr. Myron B. Fractman, 58-year-old physician, stands cleared today of all criminal charges involving the administration of narcotics to 19-year-old Mrs. Bernice Brown Tweedy. A felony complaint lodged against the physician was ordered dismissed yesterday by Superior Judge Fritz. Two misdemeanor charges had previously been dropped in Municipal Court. . . . Doctor Fractman had been accused last October by state narcotic agents of administering a half grain of morphin sulphate to the girl when she was not a patient. . . . Yesterday Attorney Ehrlich argued that who but the physician in a case could be the best judge of whether or not a person was a patient. He further declared

the law involved did not agree on the punishment for an alleged violation of the point in question." (San Francisco *Chronicle*, February 11, 1941.)

"Dr. Nathan Housman, who has spent considerable time during the last year in court fighting against such an eventuality, awakened this morning in County Jail No. 1. He was to be transferred during the day, at his request, to County Jail No. 2 in San Mateo County. A ninety-day sentence and a \$750 fine were imposed by Municipal Judge White following Doctor Housman's conviction on charges he failed to keep proper records of narcotic prescriptions. Judge White ordered the sentence executed yesterday after the State Appellate Court refused to intervene. His attorney appealed to the Supreme Court today. The jail term wasn't Doctor Housman's only worry. He also has been convicted of perjuring himself during one of the narcotic charge trials, and faces a one to fourteen-year term in San Quentin if pending appeals in that case are denied." (San Francisco *News*, February 7, 1941.)

"Unless 'Dr.' Patterson Edgar Seymour Brown pays a \$250 fine by February 11, and then gets out of California and stays out, he'll have to go to jail for six months. Municipal Judge Meikle ruled today after Brower pleaded guilty to posing as a doctor while selling health books." (San Francisco *News*, February 7, 1941.)

"Pasadena's police scandal, involving an asserted 'treatment racket' for sex perverts, was tossed back into the

(Continued on Page 26)

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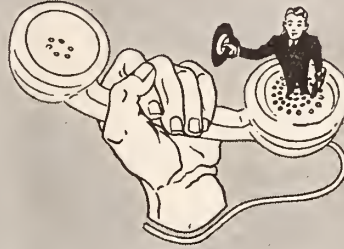
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Don B. Burger, Manager Hilton Management



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D R A K E

BOARD OF MEDICAL EXAMINERS

(Continued from Page 24)

hands of Pasadena police today by the District Attorney, for issuance of misdemeanor complaint against 'Dr.' Paul Wheelless, 53. The scandal 'broke' last night with the arrest of Wheelless, abolition of the Pasadena police vice squad, and transfer of all vice squad officers back to uniformed duty. Wheelless was booked on suspicion of extortion and violation of the Business and Professions Code (relating to the practice of medicine). . . . The arrest climaxed weeks of secret investigation. . . . City Manager Koerner ordered all records of the vice squad seized. . . . The case was said to 'tie in' with the recent Pasadena sex degeneracy scandal, in which one man committed suicide. According to investigators, Wheelless, former WPA worker, represented to men arrested on suspicion of degeneracy that he could aid them in escaping the embarrassment of prosecution, by his treatments, for which he was said to have charged exorbitant fees. He was said to have operated under the name of the 'Wheelless Psyculture Bureau.'" (Hollywood *Citizen-News*, February 6, 1941.)

"It will be two more months before Dr. Richard A. Carter, head of the Carter Neurological Clinic at Garden Grove, will be required to enter a plea to a grand jury indictment charging him with manslaughter. The indictment was the outgrowth of the death at the clinic last September of Mrs. Virginia Lamb, 22, of Anaheim. . . ." (Anaheim *Gazette*, January 30, 1941.)

Report from the Investigation Department in Los Angeles relates that Ralph William Dorn, alias "Dr. Snook,"



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was recently convicted of violation of Section 2141 of the Business and Professions Code (relating to the practice of medicine) and sentenced to pay a fine of \$500 or serve six months in the county jail. The Los Angeles judge was reported to have suspended the six months jail sentence, provided he pay the \$500 fine, which was done, and he was placed on probation for two years. He was later permitted by the judge to appear with his attorney, whereupon he entered a plea of not guilty to that part of the sentence placing him on two years' probation, whereupon the judge dismissed that portion of his sentence and the defendant was discharged from further responsibility of making his periodical reports to the probation officer. This appearance in court on the part of Ralph William Dorn, and the procedure of the judge before whom he appeared, was assertedly done without knowledge or consent of the city prosecutor's office or the Los Angeles office of the Board of Medical Examiners. This again illustrates the difficulties in law enforcement.

"Governor Olson yesterday appointed O. L. Jamison of Visalia to the State Board of Chiropractic Examiners, to succeed Dr. Joseph T. Stacy of Sacramento, whose term expired. C. E. Barrows of Los Angeles also was named to the board, to replace Selma M. Geist." (Sacramento *Union*, February 6, 1941.)

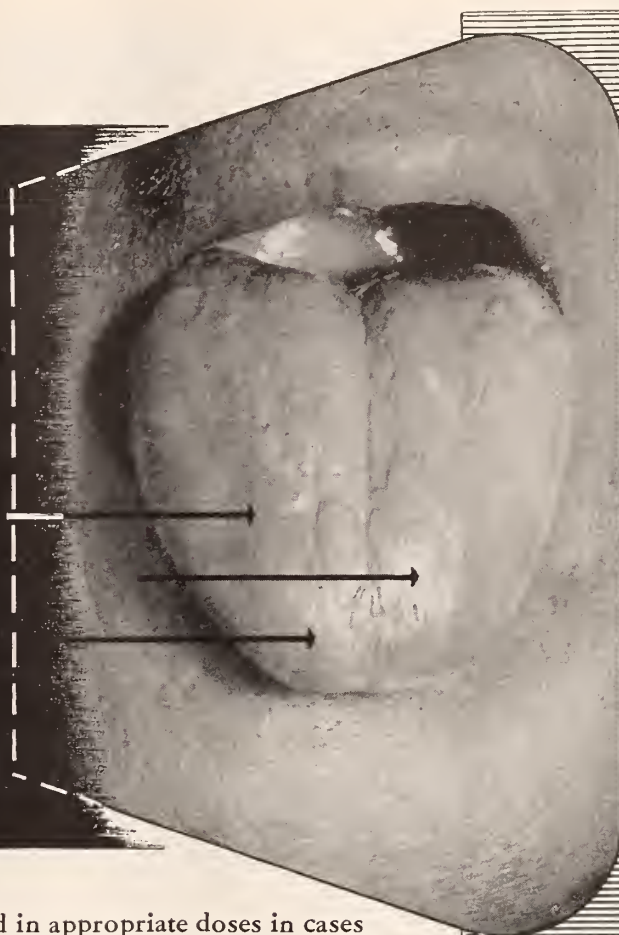
"Five women and two men yesterday were ordered by Municipal Judge Joseph Chambers to face Superior Court trial on charges that they operated a wholesale illegal surgery ring in violation of state medical laws. Accused in a felony complaint alleging criminal conspiracy are Mrs.

(Continued on Page 28)

Advertisers in your OFFICIAL JOURNAL will appreciate requests for literature

Nicotinic Acid^(UPJOHN)

The glossitis of pellagra is only one of the evidences of nicotinic acid deficiency, but is one which is quite commonly present; characteristically, the tongue is beefy red, the mucous membrane smooth and usually dry.



The administration of nicotinic acid in appropriate doses in cases of pellagra leads to the clearing of alimentary lesions and symptoms, including the typical glossitis, to the disappearance of dermal lesions characteristic of the disease, and to profound improvement in the mental symptoms when the latter are the result of inadequate intake of nicotinic acid.

Pellagra, however, is frequently accompanied by evidences of deficiencies of other factors of the vitamin B complex, such as polyneuritis (a manifestation of vitamin B₁ deficiency). In the diets of such patients it may be necessary to insure the presence of foods rich in the vitamin B complex, or to administer—concurrently with the nicotinic acid—thiamine hydrochloride, riboflavin, and, in some instances, pyridoxine hydrochloride.

Nicotinic acid is pyridine-3-carboxylic acid—C₆H₅O₂N. It is recognized as a specific in the treatment of the disease of dogs known as blacktongue and in the treatment of human pellagra.



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C. T. Nicotinic Acid,
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STROPHOSID, chemically known as K-Strophanthoside, represents 80% of the cardiac activity of the Strophanthus-kombé seed.

"One injection of strophanthin, in the dose permissible, can produce an effect comparable to at least fifteen to twenty digitalis powders of 0.1 gm. (1½ gr.) each." (Scherf & Boyd, "Cardiovascular Diseases.")

"It is our impression, however, that strophanthin is a safe and rapidly acting drug when used in proper dosage and in suitable patients. Its properties are practically those of digitalis, but its speed of action and safety render it an ideal drug in acute cardiac emergencies, in marked congestive failure where oral digitalis is absorbed with some uncertainty, and in those in-

stances where one wishes to try another drug when digitalis fails." (Brams, Golden and Kaplan, *Annals of Int. Med.*, Oct. 1939.)

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1. Acute cardiac failure (cardiac asthma, pulmonary edema).
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BOARD OF MEDICAL EXAMINERS

(Continued from Page 26)

May Ramsey, 57, asserted leader of the ring; Clause Ramsey, 39, her son; Mrs. Esther Ramsey, 29, Claude's wife; Marguerite B. Green, 34, daughter of Mrs. Ramsey; Grace Balch, 51; Lillian Foster, 30, and William Crissman, 50. Deputy District Attorney Donald Avery and Walter Anderson, chief investigator for the State Board of Medical Examiners, questioned numerous young girls who reportedly were patients in the suspects' 'rest homes' in Wilmington and Santa Monica. The girls testified to being interviewed by 'contact men' of the ring and being quoted prices for operations ranging upward from \$35, depending on their condition and ability to pay." (*Wilmington Journal*, January 29, 1941.)

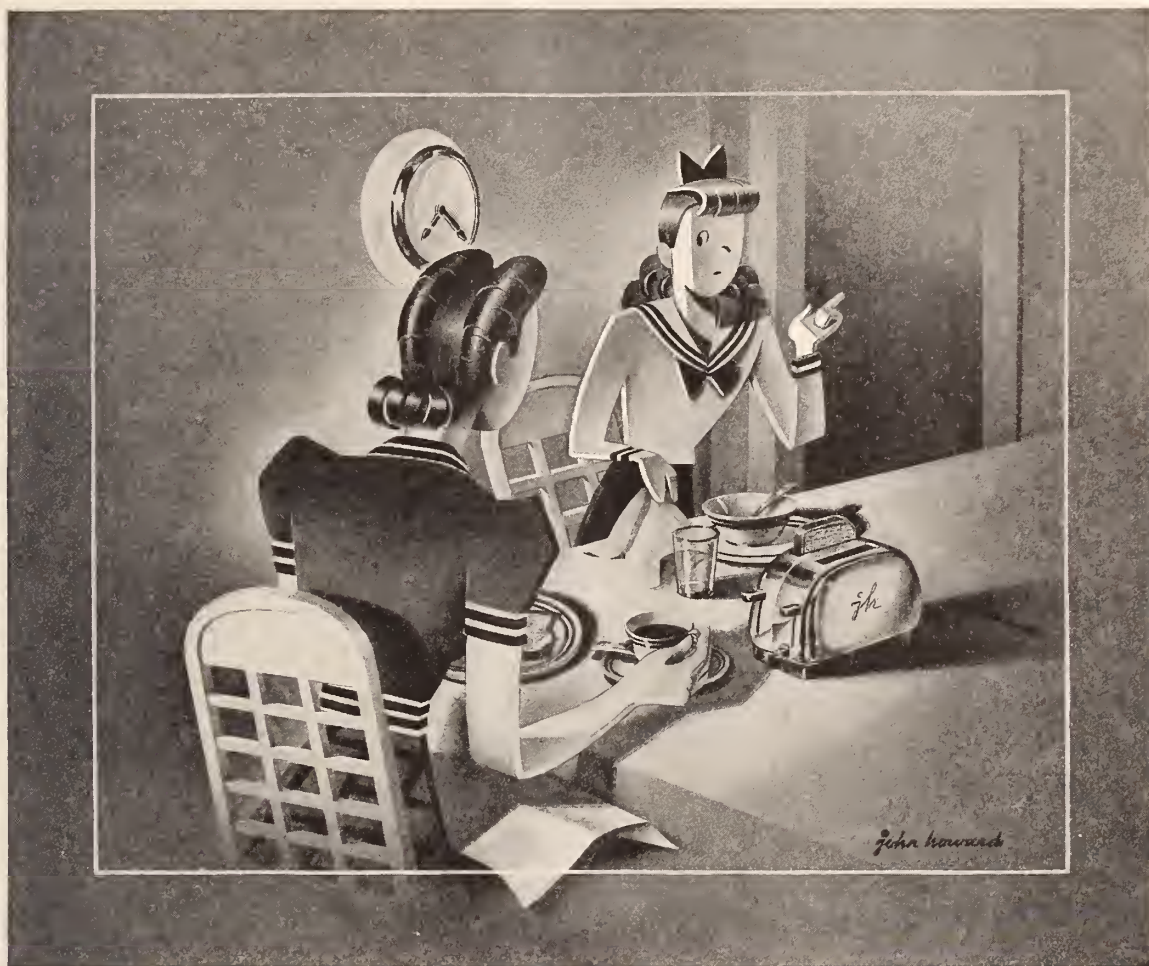
"Murder charges, which were lodged against him after the death of Dorothy Jones, 17, allegedly as the result of an illegal operation two days before she was to be married last March, were dismissed against Dr. Samuel D. Barnes, 71-year-old physician. The dismissal was ordered by Superior Judge Clement D. Nye on motion of the district attorney's office. A jury which tried Doctor Barnes last June was unable to agree on a verdict. Deputy District Attorney John Galliano in court read letters from the dead girl's mother and sister, in which they requested that the charges be dropped. The mother, Mrs. Ruth Klais, has suffered a nervous breakdown and would be unable to stand the ordeal of a second trial, the letters stated. At his trial the elderly physician denied performing an illegal operation, testifying he resorted to surgery in an effort to save the life of the girl, an expectant mother, after she had fallen down a flight of stairs." (*Los Angeles Herald-Express*, February 4, 1941.)

"Mrs. Myrtle Edwards, whose bust-developer was declared by Wilbur Mathewson, Assistant United States Attorney, to be a 'bust,' was placed on four years' probation yesterday by Federal Judge Roche. She had previously pleaded guilty. Government chemists said her developer, which she sold at \$2 a bottle, consisted only of water, sugar and coloring matter." (*San Francisco Chronicle*, February 5, 1941.)

"Dr. M. E. Crahan, 40, was appointed county jail physician yesterday by Sheriff Eugene W. Biscailuz. He succeeds Dr. J. Park Dougall, whose temporary appointment followed the ousting of Dr. Benjamin J. Blank. Doctor Crahan's appointment by the sheriff was for a sixty-day period. . . . Shake-up in the county jail physician's post came as the result of the 'Bugsy' Siegel scandal. 'Bugsy,' reputed mob leader, in jail on a murder indictment, was alleged to have been granted special favors by Doctor Blank. Doctor Blank's ouster was confirmed yesterday by the Civil Service Commission." (*Hollywood Wilshire Adv.*, January 23, 1940.)

"The State Board of Medical Examiners, the Ventura sheriff's office, the Santa Paula Police Department, the Fillmore Police Department and the sheriff's office in Downey, California, today are looking for William C. Schley, who was arrested recently in Dinuba on a charge of violating the Green River Ordinance which prohibits door to door solicitation. The Dinuba City Court fined Schley \$58 and he was incarcerated in the Dinuba city jail for a night and day. Soon after the arrival of his wife, she and the 'doctor' prevailed on Nightwatchman Hugh Crutchfield to loan them \$58 on their used Hup-

(Continued on Page 30)



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As part of a complete program for treatment of constipation, Petrolagar contributes to the restoration of normal bowel movement by softening fecal mass.

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BOARD OF MEDICAL EXAMINERS

(Continued from Page 28)

mobile, which incidentally wasn't registered in the doctor's or his wife's name, but rather in the name of 'their son.' Free, Schley and his wife, returned to Fresno where they were staying at a motor court, and checked out leaving for parts unknown. Schley worked in Dinuba for several weeks, presenting himself to prospective customers as a retired physician, calling himself 'Doctor Schley.' He sold them arch supports for \$15 or whatever he could get, and also especially made \$10 shoes, for \$5 when the shoes were \$3.50 sellers in retail shoe stores. . . ." (Dinuba *Sentinel*, January 26, 1941.) Schley is described by Stanley Fullard, Chief of the Dinuba Police Department, as age 69, weight 160 pounds, brown eyes, gray hair, gray moustache and wearing glasses. He claims to be a native of Maryland.

"City Traffic Officer Roy Nickola and Captain R. J. Reder arrested Dr. W. E. Glaeser, 50, of 196 Guerrero Street, San Francisco, Saturday evening on a charge of driving an automobile while under the influence of liquor, and booked him at the sheriff's office. Glaeser posted bail with Police Judge Thomas Mehan. . . ." (Martinez *Gazette*, December 20, 1940.)

"Tanned, gray-haired Dr. Claude C. Long was denied probation by Superior Judge Sylvain J. Lazarus yesterday, and was placed in custody to begin the one to ten-year prison term which has been hanging over him since August of 1937. In that year, a jury in Judge Lazarus' court found Long guilty of manslaughter for the abortion death of Mrs.

Genevieve Arganbright, in May of 1937. Since then Long's attorneys, by every legal means sought to reverse the conviction, being turned back ultimately by a refusal from the United States Supreme Court to consider the proceedings. And after Deputy District Attorney John McMahon had opposed probation for the part-time Placer County rancher, Judge Lazarus commented: 'If I granted probation in this case, I could never refuse it to any one in the future. I haven't the slightest belief that any injustice was done through the conviction of this defendant. In this matter, a woman met death under cold-blooded and abhorrent conditions. The defendant is remanded into custody.'" (San Francisco *Examiner*, January 21, 1941.)

"Dr. Archie T. Taylor, 35, general hospital physician, yesterday was sent to city jail for thirty days by Municipal Judge Byron J. Walters, following his conviction on drunk-driving charges. Doctor Taylor was arrested at Silver Lake Boulevard and Berkeley Avenue last December 11, after he assertedly crashed into two parked cars." (Los Angeles *Times*, January 23, 1941.)

"United States District Court Judge Martin I. Welsh today revoked the citizenship of Dr. Herman Frederick Erben, a native of Austria and well known as a physician, surgeon, soldier, sailor, adventurer and international traveler. Doctor Erben is residing in San Francisco, where the action to revoke his citizenship was brought by United States Attorney Frank J. Hennessy. The revocation was made in Sacramento where Judge Welsh is holding court. 'This court is satisfied after reviewing the entire record of

(Continued in Back Advertising Section, Page 34)

ADVANCES IN CANNING TECHNOLOGY

III. Modern Heat Processes for Canned Foods

● "This new method of preserving . . . proceeds from the simple principle of applying heat . . . in a due degree to the several substances after having deprived them as much as possible of all contact with the external air." (1)

In this concise manner, Nicholas Appert, discoverer of canning, summed up the salient features of his procedure. Appert's method consisted of sealing prepared foods in wide mouth glass bottles with corks and processing the sealed bottles in a bath of boiling water. The first English edition of his book (1) describes Appert's procedures for some fifty products. While the times of his heat processes varied between products, the temperatures of the processes were uniformly that of boiling water.

After the spread of commercial canning to America, early canners soon found that spoilage frequently resulted when Appert's heat processes were employed. Increasing the time of process at 212°F. alleviated but did not entirely control this difficulty. As recently described (2a), attempts were next made to increase the temperature of process, either by the addition of soluble salts to raise the boiling point of water, or by the use of the autoclave which permitted processing under steam pressure at temperatures above 212°F. About 1874, an improved type of autoclave was invented in the United States and gradually came into general use for certain types of products. While this device reduced spoilage considerably, losses still occasionally resulted due to inadequate heat processing.

Between 1895 and 1900, the new-born science of bacteriology was first applied to

the canning industry. These early discoveries are well described elsewhere (2, 3); important among the findings was the fact that for products most favorable for growth of spoilage organisms, there is a minimum time of process which must be applied at a given temperature for a given can size, if preservation of the food is to be assured. The need for standardization of heat processes was thus clearly indicated.

During the past twenty years, the heat processing of canned foods has truly been placed on a sound scientific basis (4, 2b). The natural acidity of the food now determines the process temperature to be used. Foods with pH values below 4.5 may be safely processed at 212°F. or below; the "non-acid" foods with pH values above 4.5 require elevated process temperatures, 240°F. being the temperature most widely employed.

Today, adequate heat processes for non-acid foods are mathematically calculated using data which take into consideration all factors influencing the sterilizing value of a process. Processes thus calculated are thoroughly tested before being incorporated into bulletins of recommended processes which modern canners follow (5).

This establishment of adequate heat processes—particularly for the non-acid foods—is one of the greatest advances in canning technology made in the history of the industry. Today, it is apparent that the success of many of Appert's heat processes was due to fortuitous circumstances. The modern consumer, however, has the assurance that commercially canned foods are among the most wholesome foods reaching his table.

AMERICAN CAN COMPANY

230 Park Avenue, New York, N. Y.

REFERENCES

- | | |
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| <p>(1) 1811. Art of Preserving, N. Appert. Black, Parry and Kingsbury, London.</p> <p>(2a) 1938. C. O. Ball. Food Research, 3, 13.</p> <p>(2b) 1923. C. O. Ball. National Research Council, Bulletin No. 37.</p> <p>1928. C. O. Ball. Univ. of Calif. Publications in Public Health 1, 15.</p> | <p>(3) 1937. Appertizing, A. W. Bitting. The Trade Pressroom, San Francisco.</p> <p>(4) 1920. National Canners Assoc., Bulletin 16-L.</p> <p>(5) 1939. National Canners Assoc., Bulletin 26-L, Fourth Edition.</p> |
|--|--|

We want to make this series valuable to you, so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned-foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. This is the sixty-ninth in a series which summarizes, for your convenience, the conclusions about canned foods reached by authorities in nutritional research.



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DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

	PAGE
Editorials	101
Editorial Comment	104
Original Articles: Scientific and General	106
Clinical Notes and Case Reports	123
Bedside Medicine	126
California Medical Association	131
Annual Conference of Officers and Secretaries	131
Committee on Medical Preparedness	132
Committee on Public Policy and Legislation	135
Committee on Postgraduate Activities	137
Committee on Public Health Education	139
Cancer Commission	139
Committee on Scientific Work	139
Committee on Health and Public Instruction	140
County Societies: Membership; In Memoriam	141
Women's Auxiliary	142
Coliform Physicians' Service	143
California Tuberculosis Association	144
News	145
Medical Jurisprudence	151
Twenty-Five Years Ago: State Examining Board	152

EDITORIALS†

PENDING LEGISLATION: CALIFORNIA LEGISLATURE NOW IN SESSION

Total of 3,855 Additional Laws Proposed.—

In every second year, the California Legislature convenes on the first Monday in January, holds a constitutional recess in February, and then adjourns, with or without date, usually depending on the nature and importance of pertinent legislation, policies or issues. By the time the OFFICIAL JOURNAL for March is placed on the desks of its readers, the fifty-fourth biennial session will again be in full operation at Sacramento, the legislative mill grinding out, from day to day, a few noncontroversial bills, and the assembly and senate committees, at all hours, holding hearings on proposed laws referred to them by their presiding officers.

Early in January it seemed that a lesser number of propositions would be submitted this year; but this impression was dissipated in the last days of the first portion of the session, when the count showed that 1,291 proposed measures had been introduced by state senators, and 2,654 bills submitted by assemblymen, making a total of 3,855, not counting concurrent and joint resolutions.

A large number of the suggested statutes relate to public health and medical activities, and the task of reading and inspecting almost 4,000 measures places a heavy burden of work upon the Committee on Public Policy and Legislation, and its representatives and assistants.

Fortunately, many bills die a natural death "in committee," but eternal vigilance is necessary, if the enactment of legislation that is inimical to the best interests of the public health and medical standards is to be prevented. In due course, the California Medical Association Committee on Public Policy and Legislation, and associated hospital and other groups, will send progress bulletins to component county societies, and to other Association members who maintain an active interest in legislative matters.

On page 135 of this issue appears a list of advocated statutes relating to public health, a compilation made by the Public Health League of California. Every member, therefore, may well give the list at least a cursory inspection.

† Editorials on subjects of scientific and editorial interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

At this time it is too early to pass final judgment on the many measures submitted. However, the county society officers, who were in attendance at the fifth annual joint conference of State Association officers and County Society secretaries at San Francisco on February 22, will have carried back to their fellow members such additional information as came out in the discussions of certain measures.

* * *

Endorsements Should Be Studied.—It is well to keep in mind that the California Medical Association does not often sponsor new laws, although it is quite willing, in common with other citizen groups, to give support to those measures pertaining to public health and medical standards that make for the betterment of the people.

It may be in order again to remind component societies and members of the medical profession that it is wise procedure not to give group or individual endorsements to proposed laws, unless assurance has been first secured from the central office of the California Medical Association or the Committee on Public Policy and Legislation, that such approvals will not complicate matters.

To be kept in mind, too, is the important fact that more than a laudable objective should be necessary before sanctioning, orally or otherwise what, on the surface, may seem quite desirable legislation. The mechanics, procedures and technique, whereby the objectives are to be attained, should and must be carefully studied, and their worth, practicability and possible end-results estimated and, if possible, determined.

For it is just here, only too often, in procedures advocated, that the real menace to public health and medical standards may be found. Societies and individual members, therefore, are urged to use freely the facilities of the central California Medical Association office before granting endorsements, and thus avoid complications and embarrassing situations.

MEMBERS IN MILITARY SERVICE AND C. M. A. DUES

Services Being Rendered by the Medical Profession.—Throughout the United States, constituent state medical associations and their component county societies have taken steps to meet situations, sometimes new and puzzling, arising in connection with the existing national emergency.

Thus, referring to the examination of men called into the army under the Selective Service Act, it is questionable whether any other professional group of citizens is called to perform work of greater responsibility and amount than are the hundreds and thousands of physicians attached to the local, medical advisory, and appeal boards. All this service has been, is being, and will continue to be rendered in most generous manner by these members of the medical profession who are giving of their best professional knowledge and time to aid the Government in the important tasks it has in hand.

Problems of Physicians Called into Active Military Service.—The call for medical service, however, has not stopped with selective service work, because the immediate needs of the military arms of the United States have necessitated the withdrawal of many physicians from civil practice. In a profession in which income revolves almost entirely around the personality and capacity of each individual member—in contrast to business relationships where partners can carry on, or where on the absentee's return, it is possible for the returning soldier again to take up where he may have left off—the sudden transition from civil to military service is often complicated by great hardships, not only to future professional careers but immediately, as regards the individual's family and dependents.

For reasons such as these, medical societies are striving to do their bit in lightening the financial burdens of members called into service, by making provision for exemption or remission of dues. The attainment of this end is not always simple, because the requirements of dues, as outlined in by-laws, must apply to all members in equal measure.

* * *

Provision for Exemption of State Association Dues.—Such a condition exists in the California Medical Association, and the California Medical Association Council, at its meeting on February 23, considered the matter. The Council is solving the problem temporarily by instructing the Association Treasurer to "advance," from the general funds, the necessary monies to cover the membership dues of all active members of the year 1940, who have been or may be called into active military service. The by-laws provide that if State Association dues are not received on or before April 1 of a calendar year from members in good standing in the preceding year, such members on April 1 automatically lose their membership. The action taken by the Council will prevent such lapse of membership for those in the military services. Final solution of the problem has been referred to the supreme legislative body of the Association, the House of Delegates, which will meet at the Hotel Del Monte on Monday, May 5, 1941, at the next annual session. Meanwhile, the secretaries of the county medical societies are requested to inform all members in military service of the procedure approved by the Council of the California Medical Association.

* * *

Remission of Local Dues.—In view of the action taken by the Council, component county societies may wish, through by-law amendments or other procedures, to take somewhat similar action in order to relieve members called into Army or Navy service, from the requirement to pay local society dues.

MEDICAL STUDENTS AND SCHOOLS, AND THE MILITARY SERVICES

Problem of Deferment of Medical Students Under the Selective Service Act.—Among the pressing and important problems confronting those

officers of the Government who are charged with the administration of the Selective Service Act, is that which has to do with medical students who, unless they are placed in the deferred classes, must be inducted into the Army as line soldiers.

Members of the medical profession, faculty members of medical schools, and medical students also, join in not desiring to ask for special privileges from the Government. For the Selective Service Act, in order to be effective, must be of universal application to all male citizens in the selective age limits of 21 to 36.

All that is requested by the medical profession is that the officers of the Government and the people of the United States take into account certain important facts, weigh their worth in comparison with other governmental needs, and, if the data submitted are found sound and important to the well-being of the nation, to grant the same relative measures of deferment for medical students as are being given to men of selective age who are in the "essential industries" classes.

* * *

Reasons for Deferment.—Why should medical students and key-members of medical faculties receive from local selective service boards—in whom is vested the primary authority regarding deferments—the same consideration and favorable action that is granted to young men in the essential industries?

The answer is simple, and should be convincing:

Because an efficient military organization, and a high-working efficiency for selective service citizens in essential industries can not be maintained except as these two groups are under the supervision and care of well-trained physicians. An efficient army must be a healthy army, and a healthy army implies high-grade medical supervision.

Given an army of 1,400,000 men, for example, such as shortly will be in service—in peace camps or at the front in combat zones, will make little or no difference—the question may be asked, "How long a time will it require in these days of mechanized warfare and mass movements for the units of an army of such or greater size to become demoralized and lacking in force if the medical personnel is of deficient standard?"

The same question may likewise be put in relation to the hundreds of thousands of men now engaged in the "essential industries."

The answer in both cases cannot be other than, "Not very long."

Further, no amount of extraordinary or maximum output and disposition of military supplies and stores will ever compensate for the loss that could accrue from preventable illness, or unnecessarily delayed convalescence after illness or wounds; situations most apt to result, if the medical personnel in military and civil areas is permitted to deteriorate in quality of service, or to become lacking in quantity as regards physicians and surgeons needed, if military units are to properly function.

To be considered, also, are the following facts:

Annually, death takes from the group of practicing physicians about 4,000 doctors of medicine; whose places were filled in 1940 by some 5,097 graduates from the seventy-seven approved medical schools of the United States (see Educational Number, *J. A. M. A.*, August 31, 1940, page 699).

* * *

Size of Medical Personnel Needed for the Military Services.—It has been estimated, on the basis of 6.5 physicians to each 1,000 men, that the Army will require a medical personnel of more than 9,100 men, this figure including the 1,200 Doctors of Medicine now in the Medical Corps of the U. S. Army (Regulars, 1,200; National Guard, 1,100; and Selective Service divisions, 5,300).

Pressing needs will demand, therefore, the withdrawal from civil practice of about 7,900 physicians.

Army programs contemplate a five-year plan of training in the new military set-up, and the maintenance of as great a number of men under arms, or larger, than the initial 1,400,000 of the year 1941.

Therefore, if under conditions existing prior to the enactment of the Selective Service Act, the accretions into medical practice just about balanced the withdrawals through death, retirement, and other causes; and if now, in this year 1941, some 8,000 Doctors of Medicine are to be transferred from civil into military service; and if, at the same time, the number of graduates from approved medical schools is cut down through induction of medical students into line service, it is evident that there will soon be an imbalance of serious import, and this to the detriment of the best interests of the United States Army, the men in the "essential industries," and the civil population at large.

* * *

Local Boards Should Be Given Indicated Information.—That is why, in Chicago on February 15, at a joint conference with important educational and other bodies, the national committee on medical preparedness, which met in the American Medical Association headquarters, adopted resolutions requesting Mr. Clarence A. Dykstra, National Director of the Selective Service System, to memorialize the local service boards throughout the United States and to suggest to them that they give proper consideration to the status of medical students and interns, as regards possible deferments.

Dr. Ray Lyman Wilbur, president of Stanford University, at the California Medical Association conference of State Association and County Society officers, at San Francisco on February 22, also emphasized the need of proper evaluation of the "essential" worth of medical students and medical schools in a five-year program contemplated by the Government. Doctor Wilbur stated he had been told that thirty students of the School of Medicine of the University of Cincinnati had been drafted by local boards on the ground that tool-makers in some of the machine and tool works of that city were presumably more "essential" and,

therefore more eligible, for deferment than were the medical students!

* * *

Rôle of the Medical Schools.—What has been stated concerning medical students applies with equal force to key-men who are on the faculties of approved medical schools, and who may be in the selective age period, or be members of the Reserve Corps. The present standards of medical education, obtained after so many years of travail, must not be lowered; nor is there any necessity, even in the present emergency, that such a detrimental course be followed. The high quality of scientific medicine and medical service must be maintained, and the number of graduates and interns, for the reasons previously indicated, must not be decreased.

* * *

Subject Should Be Understood and Visualized by All Citizens.—The subject is one of paramount importance to the nation, because of the ultimate relationships of this problem to adequate medical care of the military forces, to citizens in the "essential industries," and to the American people. Members of the profession are justified in calling to the attention of local board members the reasons why deferments should be granted to students in approved medical schools, to interns in accredited hospitals, and to key-men on the faculties of schools of medicine.

AMERICAN MEDICAL ASSOCIATION ON TRIAL

The "Case of the United States of America vs. The American Medical Association, a corporation, the Medical Society of the District of Columbia, the Harris County Medical Society" [a component county unit of the State Medical Association of Texas], and others, came on for trial at Washington, D. C., on February 5, in the court of Associate Justice James M. Proctor. Reference is made thereto because of the extensive publicity that has been given to the case in the public press, from the time the charges were originally made through Assistant Attorney General Thurman Arnold, that the defendants were violating the Sherman Antitrust Act of 1890.

A report of the court proceedings in the case now on trial began in the *Journal of the American Medical Association* for February 15. The issue of that week devoted 28 pages to the report, and in the number for February 22, the transcript starts on page 714 and continues to page 770.

The length of these reports should not deter members from at least scanning the statements and evidence presented, and of determining for themselves the merits involved. Of necessity, testimony in a case such as this will take wide ramifications, as may be noted, for instance, on page 719 of the February 22 issue, where appears the testimony of Dr. Hugh Cabot of Boston concerning a privately owned clinic that has been operating in California. Or again, on page 728 of the same issue, where may

be found the comments by Doctor Cabot concerning the connotations of paupers, indigents, and medical-indigents. As already stated, a perusal, or at least a cursory inspection of the trial reports will be worthy of some of the leisure time of practically all physicians. Much informative data will appear in these reports that should be thought-stimulating.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 131.

EDITORIAL COMMENT†

ADULT DIPHTHERIA IN SAN FRANCISCO*

Between 1917-1937 the proportion of adults with diphtheria averaged 15.9 per cent of the total cases, with very little statistical change from year to year. In this period of time, there was recorded a total of 3,344 cases with 335 deaths. Of this number of cases, 533 were in adults with 28 deaths. In 1937, an increase in cases of diphtheria in adults was noted. In this year, 12 cases in adults, or 35.3 per cent, of a total of 34 cases were admitted; in 1938, there were 17 cases, or 58.6 per cent, of a total of 29 cases; in 1939, 26 cases, or 57.7 per cent, of a total of 45 cases; and in 1940, 14 cases, or 48.2 per cent, of a total of 29 cases. For the period 1937 to 1940 inclusive, there were 137 cases, of which the adult cases were 69. Fifty-four of these 69 were males, and 15 were females. Many of the male adults were classified as itinerant laborers and residents of low-priced rooming houses, or were found living under substandard conditions.

In the group of sixty-nine adult cases for the period of 1937 to 1940 inclusive, there were twelve deaths, or 17.4 per cent. Of these twelve adult deaths, seven were chronic alcoholics; two had complications of cerebrospinal syphilis; two had marked avitaminosis, and one had chronic myocarditis. The duration of diphtheria in this group of adult deaths was four to twenty-one days before treatment. The ages recorded were from 27 to 59 years. In no adult case was there any history of previous immunization against diphtheria.

Discussion.—There appears to be a remarkable shift in recent years in the age incidence of diphtheria cases treated in the Isolation Division of the San Francisco Hospital. The increase in diphtheria in adults offers diagnostic difficulties and clinical problems because of complicating conditions. The admission centers of general hospi-

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

* From the Isolation Division of the San Francisco Hospital.

tals, especially those treating the indigent, must bear this disease in mind in the necessary examinations.

Undoubtedly, the progressive diminution in the size of San Francisco families and low birth rates should offer better care and immunization against various diseases, especially diphtheria, of the individual child. Widespread immunization of children will protect against diphtheria, provided all the factors, as immune reactions and further dosage of immunizing agents when necessary, are carefully observed. The adult case, however, presents another problem in which the epidemiologic information is usually obscure as to the source of the infection. Moreover, the delay in seeking treatment, the possible unrecognition of this disease in adults, and the accompanying complications may definitely affect the mortality rate for diphtheria in cities.

101 Grove Street.

J. C. GEIGER
R. W. BURLINGAME
San Francisco.

SULFONAMIDE INHIBITORS IN MAMMALIAN TISSUES

It is currently reported by MacLeod,¹ of the Rockefeller Institute for Medical Research, that many normal mammalian tissues contain active or potential chemical factors capable of neutralizing the therapeutic effects of sulfonamide drugs. The early recognition of these sulfonamide inhibitors may go far to prevent a repetition of the mistakes made a generation ago in laboratory and clinical exploitation of bacteriophage and leukocytic extract.

The inhibitory effects of certain commercially available peptones on the bactericidal effects of sulfanilamide were first described by Lockwood,² who formulated a theory to account for the observed antitherapeutic action. This theory was afterward applied³ to account for the diminished activity of sulfanilamide in the presence of certain purulent exudates. A number of other sulfanilamide inhibitors have been described, prominent among them being p-aminobenzoic acid and novocain.⁴ It was shown by Selbie⁵ that p-aminobenzoic acid is not only an effective test-tube inhibitor of sulfonamide action, but is also active if given by mouth, completely annulling the curative action of sulfanilamide in experimental hemolytic streptococcus infection in mice.

In order to test for inhibitor factors in body fluids and mammalian tissue extracts, MacLeod selected two specialized culture media, free from inhibitor action in which rapid and profuse growth of *B. coli*, pneumococcus, *S. hemolyticus* or staphylococcus followed a minimal inoculum. In both of the mediums visible growth was prevented by the

addition of 1:60,000 sulfapyridine. Graded doses of p-aminobenzoic acid added to these sulfapyridine mixtures would release the microorganisms from this inhibition, rapid and luxuriant growth resulting by the end of twenty-four hours. By varying mutual concentration or dose, then anti-sulfonamide action can be estimated quantitatively.

Applying this technique to clinical material, MacLeod found that sterile human blood serum and sterile human pleural, pericardial or peritoneal effusions are usually free from sulfonamide inhibitor. In sixteen serum samples, for example, no inhibitor was detected. But 30 per cent of the sterile pleural, pericardial or peritoneal effusions showed inhibitor effects. In contrast, all apparently sterile arthritic fluids thus far tested have shown high antisulfonamide titers.

Still greater contrasts were shown in tests of purulent exudates. Since the therapeutic inhibitor is coctostable, boiled cell-free extracts were made of pus samples. In all instances the boiled extract inhibited sulfonamide therapy in relatively small doses. All urine samples thus far tested were found practically free from therapeutic inhibitor. A portion of each negative urine was made slightly acid with HCl and boiled for 45 minutes. After the resultant acid hydrolysis, all previously negative samples showed high-titer antisulfonamide action. Apparently, inhibitor is excreted in normal and pathological urines as an inactive conjugate, from which it is freed by acid hydrolysis.

Boiled extracts from fresh muscle, pancreas, and spleen of beef, rabbit, and guinea pig yielded low-titer inhibitors. Boiled extracts from fresh livers and kidneys, however, gave negative reactions. Fresh liver and kidney samples were allowed to undergo aseptic autolysis, or subjected to acid hydrolysis. Extracts from the resultant autolysed or hydrolysed materials yielded high-titer inhibitory substances. Apparently, in normal tissues the inhibitor exists mainly in the inactive, conjugated form from which it is freed by autolytic enzymes or acid hydrolysis. This chemically bound inhibitor is, apparently, excreted in normal urine, and rapidly freed in active form in autolysing pus and in other forms of mammalian tissue degeneration.

It was only after commercial exploitation of leukocytic extract and bacteriophage had proved disappointing, that analogous chemical or cellular inhibitors were suspected a generation ago. MacLeod's work, therefore, may tend to prevent unwarranted clinical hopes and premature commercial claims for the new sulfonamide drugs.

P. O. Box 51.

W. H. MANWARING,
Stanford University.

¹ MacLeod, Colin M.: Jour. Exp. Med., 72:217 (Sept.), 1940.

² Lockwood, J. S.: Jour. Immunol., 35:155, 1938.

³ Lockwood, J. S., and Lynch, H. M.: J. A. M. A., 114:935, 1940.

⁴ Woods, D. D.: Brit. Jour. Exper. Path., 21:74, 1940.

⁵ Selbie, F. R.: *Ibid.*, 21:90, 1940.

There is need for expanding the mass x-ray procedure to the general population. This will uncover 80 per cent of tuberculosis cases in a minimal stage, resulting in savings and making the problem of rehabilitation easier to solve.—H. M. Payne, M. D., Philadelphia, Tuber. Conf., 1939.

ORIGINAL ARTICLES

EVALUATION OF THE NEWER THERAPY IN THE PNEUMONIAS*

By ROY E. THOMAS, M. D.
Los Angeles

THE term "newer therapy," as applied to pneumonia, may mean one thing today and something very different tomorrow.

Less than two years ago, specific serum was considered the last word in pneumonia therapy. By its use, the mortality rate from pneumococcus pneumonia, in our larger hospitals, was reduced by 50 per cent. Then came a discovery which has again halved the death rate.

Since Erlich's discovery of salvarsan, we have hoped for a chemical agent which would inhibit or destroy pyogenic organisms *in vivo*; but not until the recent discovery of sulfanilamide was this hope realized. Since then new drugs have been thrown at us so rapidly that confusion has resulted.

ON PROCEDURE

Given a case of pneumonia today, the doctor must ask himself, "Shall I give serum alone, serum with sulfapyridine, sulfapyridine alone, sodium-sulfapyridine, or one of the still newer drugs, sulfathiazole or sulfamethylthiazole?"

If any one, or a combination of these agents, should be selected for use in a given case, how should it be administered? What results are to be expected, and what are the dangerous side effects for which we must be on our guard?

From data gathered in published papers, of which there has been no dearth, from a few reports as yet unpublished, and from a recent visit to several hospitals where large numbers of pneumonias are treated, together with our experience on the pneumonia service at the Los Angeles General Hospital, I have attempted to formulate practical answers to these questions. Tomorrow they may have to be revised.

PATHOGENESIS OF PNEUMONIA

Before discussing therapy, I wish to recall briefly the pathogenesis of pneumonia. When virulent pneumococci invade the lung, they multiply rapidly and spread through the lymph spaces and alveolar septa, until a considerable area is involved. The local reaction to this invasion fills the alveolar spaces with round cells, polymorphonuclear neutrophils, erythrocytes and fibrin, resulting in consolidation. From this point on, without specific therapy, one of two things will occur.

The pneumococci, acting as a good antigen, may cause such a rapid production of antibodies, agglutinins, etc., that by damage to the capsule they are rendered susceptible to phagocytosis, and in a few days spontaneous recovery of the patient occurs. Or because the pneumococci prove to be a poor antigen, as is usually the case with Type III, or

the phagocytic response is poor, because of fatigue, exposure, alcoholism, or advanced age, the infection spreads, finally spills over into the blood stream, and the patient dies of vascular failure or sepsis.

With specific serum and the sulfonamide group of drugs, we can now shorten the illness for the patients who would have recovered spontaneously, and save a large group of patients who otherwise would have died.

The action of specific serum is to furnish quickly antibodies in sufficient amounts for recovery. The action of the sulfonamide group of drugs on the pneumococcus is bacteriostatic, but the mechanism of this inhibitory action is not known. These drugs are definitely not bacteriocidal, as is gramicidin, the promising discovery of Dubos, announced only a few weeks ago. Here is an agent which in high dilution, *in vitro* and *in vivo*, actually kills the pneumococcus, and all other Gram-positive organisms, in short order. Unfortunately, its poor solubility and its toxicity prevent its use in man at this time.

TREATMENT

I wish now to discuss the actual treatment of a pneumococcus pneumonia in which the type of the infecting organism has been determined. And just here let me decry the tendency of many physicians to start chemotherapy without first making a serious effort to obtain a type. After forty-eight hours of treatment the organism may have disappeared from the sputum, or the capsule be so modified that accurate typing is impossible.

If, as has been stated, the action of specific serum is to furnish antibodies, and if the sulfonamide drugs inhibit the growth of pneumococci in the tissues, why should these remedies not have a synergistic action? Indeed, there is much experimental evidence in support of such action, and on the pneumonia service at the Rockefeller Hospital all Type III cases are treated with serum and sulfapyridine from the start. At Harlem Hospital, where every third admission receives both serum and sulfapyridine, the mortality in this group, to date, has been 6.6 per cent, slightly less than that for the group treated with sulfapyridine or its derivatives, and definitely less than the mortality in the group treated with serum alone.

In a recent conversation with two men who have had wide experience and have written much that is considered authoritative on the treatment of pneumonia, each stated definitely that should he be so unfortunate as to contract pneumonia due to any of the lower types of pneumococci, he would wish to be treated with serum and sulfapyridine combined.

Why, then, should we not use such combined treatment in every case where the cost is not prohibitive? I believe that we should, if the patient is not sensitive to serum, and preëxisting renal or liver damage does not contraindicate the use of the drug. Certainly, if for the sake of economy a patient has been started on chemotherapy and fails to respond by a satisfactory drop in temperature, pulse and respirations within thirty-six hours,

* Read before the Fourth General Meeting at the sixty-ninth annual session of the California Medical Association, Coronado, May 6-9, 1940.

serum should be added and continued until the Francis test indicates a satisfactory antibody response and recovery seems assured.

Also, it would seem wise to use combined serum and drug therapy in all cases with involvement of more than one lobe, in all bacteremic cases, in all those in which the specific soluble substance can be demonstrated in the blood; in patients who appear extremely toxic when first seen, in women who are pregnant, and in the aged.

CHOICE OF DRUG

The choice of a drug may be something of a problem if chemotherapy is determined upon. At present we have only sulfanilamide, sulfapyridine, and its sodium salt, but sulfathiazole will soon be available in private practice. Until then sulfapyridine by mouth seems to be the drug of choice, although Bullowa is using the sodium salt in tablet form, and states that he secures better blood levels with less nausea and vomiting.

When sulfathiazole is approved at Washington, as it probably soon will be, it may prove preferable to sulfapyridine; for in the experience of Blake at the New Haven Hospital, and Flippin and Schwartz at the Philadelphia General, it has proved less toxic and, at the same time, as effective.

If the patient is desperately ill, or even critically ill, and unable to retain adequate amounts of the drug by mouth, the sodium salt should be given intravenously, very slowly in a 5 per cent solution, in distilled water, six-hundredths of a gram per kilogram, and repeated in six hours. Although some of the sodium salt is excreted into the stomach, after one or two injections patients will often tolerate sulfapyridine by mouth. In cases where vomiting persists, two to three grams of sulfapyridine suspended in three ounces of water, and a little starch may be given by rectum. Except in children it is difficult to maintain a satisfactory blood level in this way, and the intravenous administration may have to be resumed.

There has been much controversy over the proper dosage of sulfapyridine and the optimum blood level which we should attempt to maintain. Long, at Johns Hopkins Hospital, advocates an initial dose of four grams. MacLeod, at Rockefeller, starts all cases with one gram. I believe the average initial dose today is two grams. This is followed by one gram every four hours, day and night, until there is a satisfactory response, or a drug-resistant strain of the pneumococcus is encountered. Alkalies are unnecessary, as acidosis does not occur.

When the temperature and pulse have reached a normal level, which often occurs within twenty-four, and usually within forty-eight hours, the drug is continued at six-hour intervals for two days more, after which it is discontinued. This plan gives the average patient about 15 grams of the drug, little more than half the dosage in vogue a year ago.

Owing to irregularity in absorption and excretion, and the conjugation of varying amounts after absorption, into acetylsulfapyridine, it is dif-

ficult by any plan of administration to keep the free active drug at any desired level in the blood stream. Four to eight milligrams per cent seems to be a very satisfactory level, but many cases do well in which this level is never attained. In taking sulfapyridine blood-level readings, it is important to take the blood in the same time relation to the last dose of the drug.

TOXIC MANIFESTATIONS OF SULFONAMIDE GROUP

The tendency to reduce the average total amount of sulfapyridine given undoubtedly has resulted from the accumulating data on its side effects, which are always unpleasant, frequently alarming, and occasionally fatal. I shall briefly mention these toxic manifestations of the sulfonamide group, for they should all be kept in mind whenever the drug is being used.

As has been said, nausea and vomiting may be so troublesome as to require rectal or intravenous medication. Pulverizing the tablets and mixing the powder with various food substances, such as milk and gruel, may be helpful. Occasionally a five-grain capsule of chloratone with each dose of sulfapyridine has seemed to be of benefit. Alkalies have been of no value in our experience.

Cyanosis occurs less frequently and is less marked than with sulfanilamide. It is not a contraindication to the continued use of sulfapyridine or sulfathiazol.

A drug rash sometimes occurs and seems to be particularly severe in patients who are exposed to strong sunlight.

Drug fever is a toxic manifestation, which is not always easily recognized. If it is suspected, the drug should be discontinued until the cause of fever can be determined.

Toxic hepatitis with jaundice is not uncommon in pneumonia. However, should it appear during the administration of any of the sulfonamide group the drug, in my judgment, should be discontinued. The same applies to toxic psychoses, which are not rare. Vertigo, headache, and marked depression may occur.

The truly serious conditions resulting from sulfonamide therapy appear in the blood and in the urinary tract. If possible, daily blood counts should be made. Leukopenia, at the onset of pneumonia, is not a contraindication for chemotherapy. However, should a marked drop in the white cells, especially the neutrophils, occur during treatment, the drug should be stopped immediately. Acute hemolytic anemia may occur. The hemoglobin and red cell count may drop very rapidly—another reason for frequent blood counts in these patients. Polychromatophilia may be the first sign of blood destruction, and is an indication to stop treatment and alkalinize the urine. The hemoglobin and red count may drop to 50 per cent of normal, or even lower, if transfusions are not given early and frequently.

The renal complications of sulfapyridine therapy seem to be unique. They consist, primarily, of mechanical blocking of the renal tubules, and even

the kidney pelvis and ureters, with masses of acetylsulfapyridine crystals. The first indication of this serious condition may be abdominal pain from ureteral colic, numerous blood cells in the urine, or frank hematuria. Some degree of hematuria is said to occur in 5 per cent of cases receiving sulfapyridine. If this is generally true, we must have overlooked it a number of times. Azotemia may occur, and any sudden drop in the urinary output demands prompt investigation. Cases have been reported in which kidney function was re-established and the patient's life saved by ureteral lavage.

PNEUMONIA SERVICES AT LOS ANGELES GENERAL HOSPITAL

In the year 1939 three hundred thirty-one adults with pneumococcus pneumonia were treated with chemotherapy, serum or both, on the two Pneumonia Services at the Los Angeles General Hospital, with a mortality of 13 per cent, the lowest rate for this hospital since satisfactory records have been kept. The first four months of 1940 have shown a further drop in mortality to approximately 10 per cent.

OTHER PNEUMONIAS

What has been said up to this point applies only to the pneumonias in which the pneumococcus is the infecting organism. The time allowed me will permit only brief mention of the results with chemotherapy in the pneumonias of other etiology.

Fair results have been reported from the use of sulfanilamide and sulfapyridine in hemolytic streptococcus pneumonias. We have seen little or no benefit in streptococcus viridans infections.

Sulfamethylthiazole is said to be efficacious in staphylococcus infections, but in four staphylococcus pneumonias recently observed—one with a positive blood culture—this drug seemed to be of little value until polyvalent staphylococcus antitoxin was added to the treatment. All four of these patients recovered. Because of the frequency of multiple neuritis following the use of sulfamethylthiazole it will probably not be released for general distribution.

We have had no experience with tularemic pneumonia, but Richards of Salt Lake City has recently reported that sulfanilamide is of benefit in these cases.

A few scattered reports on the treatment of Friedlander's infection with chemotherapy have recently appeared and are most encouraging. In the past few months we have treated, with sulfapyridine, three Friedlander's pneumonias, one with a strongly positive blood culture and one with cavitation. All three were desperately ill. All recovered.

As might be expected, virus pneumonias do not seem amenable to chemotherapy.

IN CONCLUSION

In summary, it can safely be said that chemotherapy is of definite value in nearly all types of pneumonia. When judiciously used alone, or in conjunction with specific serum, it has resulted

in a remarkable reduction in the mortality from pneumococcus pneumonia. I venture to predict that within a year the death rate from this disease, even in our large charity hospitals, will drop below 10 per cent; and pneumonia, instead of ranking fourth among the causes of death, will be pushed far down the list.

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SURGICAL TREATMENT OF ESSENTIAL HYPERTENSION*

By WHITFIELD CRANE, M.D.
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THE medical treatment of progressive essential hypertension, in most instances, has been so unsuccessful in the past that it is only natural that surgical procedures for the relief of this grave condition should have been added to our therapeutic armamentarium. These surgical procedures have been employed for a sufficient length of time for us to estimate their efficacy and evaluate the results. Statistical data thus far show the mortality to be extremely low, that there is no resultant disability of any consequence, and that the clinical results in a certain percentage of selected cases have been of great value.

The importance of the work, study, and accumulated experimental and clinical evidence that has been compiled is apparently underestimated by the profession as a whole. Just why this should be it is difficult to say. True, all new surgical procedures, and especially those that are extensive in character, are, and should be, looked upon with a certain amount of healthy constructive skepticism. In the light of the clinical data at hand on this subject, however, it is hard to explain the antagonism which is displayed by a large section of the profession toward these newer procedures.

Every physician knows that the medical treatment of progressive essential hypertension, with the exception of those cases sensitive to potassium sulphocyanate, has been anything but satisfactory. If anyone doubts this, let him consult the files of the ever-increasing number of physicians who themselves are submitting to surgical relief of hypertension. Why, then, condemn some new method of approach because the results are not 100 per cent perfect? I am quite sure that most physicians would be pleased if they could get the results medically that have been and are being obtained with surgery. We do not hesitate to recommend surgical procedures in the therapy of cancer if there is the slightest hope of operability. Progressive hypertension is just as dangerous and much more prevalent than cancer. It is not logical to deny these people what relief surgery may offer.

THEORETICAL CONSIDERATIONS

The true cause of primary essential hypertension is not as yet known. We do not presume to state, therefore, that we can remove the cause and cure hypertension surgically, any more than we can state

* Read before the Alameda County Medical Society, Oakland, California, November 20, 1939.

that surgical removal will cure cancer. We do presume to state, however, that we can arrest a certain percentage of cases of hypertension by surgery, just as we do in malignancy.

Cannon¹ many years ago showed that in surgical shock a drop in blood pressure followed vasodilatation of the splanchnic vascular bed. Conversely, stimuli applied to the splanchnic nerves cause a vasoconstriction of this area with a corresponding rise in blood pressure. Goldblatt² has shown by brilliant animal experimentation that hypertension can be produced by gradual mechanical constriction of the renal arteries. It is possible that, in man, vasoconstriction of the kidney arterioles, a neurogenic clamp so to speak, is a corollary to Goldblatt's experiments. The theory of a pressor substance being elaborated in these ischemic kidneys, while possible, has not yet been definitely proved. And, lastly, there is the theory of hyperfunction of the adrenal glands, evidence at hand being against it.

Thus we do not know whether the cause of hypertension is a hyperactive vasomotor mechanism, whether it is a truly arteriolar disease *per se*, whether it is a pressor substance circulating in the blood, or whether it is the factor of hyperadrenalism. Regardless of the cause, however, we do know that the fundamental mechanical reason for elevation in blood pressure is the increased resistance offered to the flow of blood through the peripheral vessels.

SURGICAL APPROACH

Surgery attempts to decrease this arteriolar resistance by denervation of the splanchnic area, the renal vessels and kidneys, and the adrenal glands, together with a large part of the lower extremities by the subdiaphragmatic operation. That it does so has been demonstrated in many cases.

Peet,³ in 1934, was the first to do bilateral resection of the splanchnic nerves above the diaphragm, and he has had the largest experience with this type of operation. Craig and Adson^{4,7} developed the procedure of splanchnic resection below the diaphragm and have done many hundreds of cases. The Criles⁸ have performed celiectomy in a large series. All of these procedures aim to attain the same result, namely, vasodilatation of the splanchnic bed, the kidneys, and the adrenals. Allen and Adson⁹ have answered many of the theoretical objections to sympathectomy. The surgical approach, then, is physiologic and not pathologic in character. We are not attempting to remove the cause of hypertension because we do not know the cause.

SELECTION OF CASES

The selection of cases is of the utmost importance. In our experience, at least, it is the crux of the whole procedure. We must first be sure that we are dealing with primary essential hypertension and not secondary hypertension due to specific causes. Secondary hypertension has been estimated by Allen and Adson¹⁰ to include about 15 per cent of hypertensives and their classification of causes is: coarctation of the aorta, glomerulonephritis, suprarenal tumor, hyperthyroidism, arteriovenous

fistula, and aortic heart disease. It is mandatory that these entities be ruled out and a diagnosis made of primary essential hypertension, which will comprise about 85 per cent of the cases.

Granted, then, that we are dealing solely with cases of primary elevations of pressure. It must be self-evident that if a marked degree of arteriosclerosis is present, with blood-pressure readings fixed at high levels with or without marked kidney damage and impairment of renal function, any operation based on the principle of sympathectomy will certainly be futile. It has seemed to us that the criteria adopted by Craig and Adson⁴ are both conservative and reasonable. They are:

I. There has been no response to competent medical treatment. (We ourselves stress the failure of sulphocyanate therapy.)

II. Patients approximately fifty years of age or under. (This, however, is relative.)

III. There should be no marked arteriosclerosis as determined by eye-ground findings.

IV. There should be a minimal amount of kidney damage present.

V. Blood pressures should be labile and not fixed at high levels. Our routine procedure is as follows:

1. The patient is put at absolute bed rest in the hospital. Hourly blood-pressure readings are taken day and night for the first twenty-four to forty-eight hours. Flothow¹¹ has made the observation, and our experience has confirmed his, that those patients who show a marked drop in both systolic and diastolic pressure under the influence of natural sleep have a much better chance of a good result.

2. The reaction to the well-known cold pressor test is taken. Preferably a sharp rise in pressure should occur, followed quickly by a sharp drop to former levels.

3. Kidney function tests are done by the standard methods, but particular importance is placed on the Fishberg concentration test. Peet and others feel that a low level of urine concentration mitigates against a good result.

4. Eye-ground examination is done by competent ophthalmologist. There should be a minimal amount of arteriosclerosis present, although retinal hemorrhage is not a contraindication.

5. With the patient at rest, one-half grain of sodium nitrite is given by mouth every one-half hour for six doses and the blood-pressure readings recorded at thirty-minute intervals. There should be a drop in pressure.

6. The basal pressure is taken and 2.5 per cent sodium pentothal administered intravenously until the patient is in deep narcosis. There should be a profound drop in pressure under the action of this powerful barbiturate.

If, then, we have a patient who shows a marked lability of pressure and, particularly, one who will show a marked drop during sleep, who has minimal eye-ground changes and a good kidney function, we believe that patient to be a candidate for surgery.

In this regard it may be stated that our own personal experience has made us more and more critical in our selection of cases. Most of our poor

results have been in cases that we accepted previously which we would turn down today. As in most other things, experience is a great teacher. Suffice it to say that the younger the patient the more labile the blood pressure, and the less permanent permanent cardiovascular renal damage present the more hopeful the outlook.

CONTRAINDICATIONS

Craig⁶ states that contraindications for surgery are (a) congestive heart failure, (b) coronary occlusion, (c) marked nephritis, and (d) arteriosclerosis. Retinitis, moderate heart enlargement, slight renal damage and cerebral accidents in which recovery has taken place, are not contraindications.

TECHNICAL PROCEDURE

We have adopted from the start the Craig-Adson operation which has been described many times. It consists in removal of the greater, lesser and least splanchnic nerves, together with all or part of the celiac ganglia, together with the first and second lumbar ganglia. Theoretically, at least, this should cause a vasodilatation of the splanchnic bed, the renal arteries, kidneys, adrenals, and the greater part of the lower extremities. It has the disadvantage of being a two-stage procedure, each side being done about ten days apart. It seems to be a little safer than Peet's operation, which is a one-stage supradiaphragmatic removal of the splanchnic nerves. It has the advantage of our being able to explore the adrenals and also to remove the upper lumbar ganglia. From statistical data, however, the results seem to be about the same in both types of procedures.

COMPLICATIONS

There is no resultant disability of any consequence. Some patients develop an orthostatic hypotension which can be corrected with an abdominal belt. Some develop a temporary effort tachycardia which can be controlled by moderate limitation of activity. There is no disturbance of urination, defecation, or menstrual function. There is no interference with sexual function except that males are sterile because there is no longer a discharge of semen. Libido and potentia are preserved. The sweating function of the lower extremities is abolished and there is a slight rise in skin temperature in these regions.

RESULTS

Upon those of us doing this work, it is more and more being impressed that results should be measured not alone by postoperative blood-pressure levels, but also by relief of clinical symptoms. Measured alone by blood-pressure levels, the results are inconstant. Measured by clinical symptoms, such as headache, dizziness, fatigue, precordial pain, etc., the results in a large percentage of cases are excellent. Why this is so it is difficult to say. Crile has advanced the theory that sympathectomy abolishes the sudden sharp rises in pressure commonly seen in hypertensives, at which time their symptoms and cardiovascular accidents develop. Clinically this seems to be true and, if so, it is of great value.

Peet¹² has reported 194 cases with a follow-up of from six months to five years. His standard of good result, measured by repeated blood-pressure readings maintained over a period of time, is that there must be a drop of 40 millimeters or more systolic and 15 millimeters or more diastolic. Taking all ages and stages of the disease in his 194 patients, a good result was obtained, as measured by the above standard, in 46 per cent. Measured by symptomatic improvement as set forth above, 87 per cent of patients were relieved of practically all symptoms. Of most significance, however, is the fact that 58 per cent, all of whom were completely incapacitated prior to surgery, were returned to useful economic existence and were back at their original jobs.

Craig and Adson,⁵ of the Mayo Clinic, have reported 237 cases without an operative death. From a symptomatic standpoint they report relief of headache in 85 per cent, of nervousness in 71 per cent, precordial pain in 75 per cent, and fatigue and dyspnea in 45 per cent. As measured by blood-pressure readings taken six months to several years postoperative, a significant maintained drop in pressure was seen in 52 per cent. Thus it can be observed that their results practically approximate those obtained by Peet.

In our cases we now have careful follow-up records of twelve cases which have gone from six to thirteen months postoperatively. The ages ranged from twenty-four years to fifty-two years, the average age being forty-two years. All were patients who had not been relieved by medical treatment, and most of them had been on sulphocyanate without relief. All had systolic pressures approximately 200 millimeters or over, and diastolic pressures ranging from 110 to 150 millimeters. The operative mortality was nil and there were no postoperative complications of any kind. Nine, or 75 per cent, have been almost completely relieved of their preoperative symptoms and are back at their original occupations. The three who were not relieved were poor selections from the start, and, in the light of our increasing experience, would not be accepted by us today. As measured by follow-up blood-pressure readings, three, or 25 per cent, have maintained pressures below 150 millimeters systolic and 100 millimeters diastolic. Two, or 17 per cent, have had a significant maintained reduction, but not approaching normal. Thus, measured by blood-pressure readings alone, we have a good result so far in 42 per cent of cases.

As time passes and our experience grows, I believe that we shall be able to raise these percentages materially by being more and more critical in our selection of cases. This, I think, is being demonstrated by our most recent ones, which are not included here because of the short length of time postoperative. We believe, and Peet has demonstrated this, that if patients are seen in the younger age limits before material damage has been done to the vascular-renal system, our chances of good results will be measurably increased. What the long-term future results fifteen or twenty years from now will be we do not know, but so far the outlook is hopeful.

SULPHOCYANATE

We feel that all patients should be given an adequate trial with potassium sulphocyanate by mouth before operation is considered. This treatment should be carried out by the method outlined by Barker.¹³ There are a number of patients who can be controlled by this drug if the blood cyanate level is kept at from 6 to 12 milligrams per 100 cubic centimeters of blood. If patients are not sensitive to cyanate therapy, we feel that surgery should be considered without delay. Davis and Barker¹⁴ have recently reported an interesting group of individuals who were resistant to sulphocyanate, but who, following sympathectomy, were extremely sensitive to it. Just what takes place here is not known, but it may give us a clue to further relief in some patients who do not get a good result with surgery alone.

IN CONCLUSION

Although sympathectomy is based on physiologic and not pathologic grounds, and is probably not the final answer to the problem, the results to date amply justify its employment in carefully selected cases of hypertension.

Patients with progressive essential hypertension who still have labile pressures and no marked cardiovascular renal damage, and who cannot be controlled medically and particularly with cyanate therapy, have everything to gain and nothing to lose by surgery.

We feel that physicians have a moral responsibility to their patients to investigate these newer procedures and, in case of failure of a medical regime to arrest the disease, to acquaint these individuals with the possibility of relief by surgery.

Wakefield Building.

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CHANGING TREATMENT IN ACUTE INFECTIONS*

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CHANGES in treatment of acute infectious diseases in the past five years include almost the entire field of this type of therapy. With the advent of sulfanilamide and its derivatives, the development of new and better sera, and numerous lesser advances, almost every one of the commoner infectious diseases is now treated in ways radically different from those of a half-decade ago, and the end is not yet. With the huge scope of the subject and the constant change as the new is being tested and the old discarded, the present report will be little more than an outline of conditions at the moment; and it will be further limited to experiences in one large hospital unit for the treatment of these diseases.

SULFANILAMIDE

Sulfanilamide and related compounds obviously have brought the greatest single element of change. The gross mortality rate of the Communicable Disease Unit of the Los Angeles County General Hospital dropped approximately one-third during the first year of use of this remarkable drug; and though other therapeutic advances occurred at the same time, this dramatic change is largely due to sulfanilamide. The more recent development of related compounds, notably sulfapyridine, leads to optimism for the future.

A review of the technique of administration of sulfanilamide seems unnecessary, since it has been so thoroughly and frequently covered in all medical literature. A brief comment on dosage may not be amiss, however, as experience shows that there is still confusion on this subject. In brief, one may say that the proper dose is the dose that cures the patient and that this dose is not the same in all patients nor in all diseases; and, most important, that the dose ultimately must be considered in terms of drug concentration in the blood and not in terms of dosage administered. When a supposedly adequate dose is given in a disease known to respond to the drug and improvement does not occur when it should, a check of blood concentration may provide a clear-cut reason; and blood determinations should be routine in all seriously ill patients. The arbitrary level of 10 milligrams per 100 cubic centimeters is a useful point of departure, but it is not an absolute in any single disease nor is it the ideal concentration for all different diseases. In general, we have found that in the following more common conditions the dose indicated is adequate,

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though we do not hesitate to increase it when indicated:

	Milligrams
Scarlet fever, uncomplicated	5
Scarlet fever, complicated	10
Erysipelas	5
Urinary infections	3-4
Meningitis, meningococcic	10-15
Meningitis, streptococcic	10-15
Gonorrheal ophthalmia	10
Gonorrheal urethritis	10-15
Undulant fever	10-15

The dangers of sulfanilamide have been listed since soon after its introduction, but the actual percentage of serious complications remains unknown. The severe, and even fatal, reactions seen not infrequently in hospital practice certainly justify condemnation of casual use for mild self-limited illness, and call for well-informed vigilance on the part of the attending physician. Hospital figures, however, are of little value since the drug has become almost a household remedy, and reactions, when they occur, are not always recognized even by physicians.

Most complications disappear spontaneously after medication is stopped. Hemolytic anemia often requires transfusion, and may occasionally progress despite vigorous therapy. Direct transfusion is preferable to the citrate method in this instance, as there seems to be less hemolysis of the donor's blood cells. Possibly the most menacing complication is agranulocytosis, which unfortunately appears so abruptly that it is difficult to anticipate. In retrospect, we have noted that most of our cases have had a low fever and definite soreness and redness of the throat for two or three days before the drop in white cell count, and we suspect that this may be a prognostic omen. It appears most frequently after rather prolonged treatment, rarely before the end of the second week. Treatment is more difficult than in some of the other granulopenias, but pentnucleotide and yellow bone marrow, in doses at least twice those usually recommended, are urgently indicated. We feel that the addition of yellow bone marrow to the customary treatment with pentnucleotide aids materially in successful treatment.

INDICATIONS

Specific conditions in which sulfanilamide or sulfapyridine have been used, together with results, may be very briefly sketched as follows:

Erysipelas responds to sulfanilamide with a drop in temperature and decrease or total disappearance of rash within forty-eight hours. Mortality ranges about one per cent in patients of all ages who do not have other diseases or defects of considerable severity, as compared with a long-time average of nearly 8 per cent gross mortality under each of the many methods of treatment previously used.

Scarlet fever shows little or no improvement in severity or duration of symptoms when treated with sulfanilamide. Nevertheless, patients treated before the appearance of complications have only about one-third as high a complication rate as those untreated; and the mortality is well under one-

fourth that of the untreated group. The usual streptococcic complications respond well; persistent adenitis has almost disappeared, otitis media is sometimes aborted and usually shortened in duration, and surgical mastoiditis has become a rarity. The use of convalescent serum in this disease will be discussed later.

Meningococcic meningitis treated with sulfanilamide shows a mortality rate of about 10 per cent, as compared with 25 to 50 per cent or more with all previous forms of therapy. A striking change in methods has occurred, in that spinal puncture is now used only for diagnosis and for a check on progress and almost never for treatment, the drug being given intramuscularly or in a surprising number of cases by mouth.

Streptococcic meningitis has hitherto had a mortality rate close to 100 per cent, both for the hemolytic and the viridans types. In six instances of infection with the former organism treated with sulfanilamide, there have been five recoveries. These patients usually have a more or less definite focus of infection, and unless this focus is promptly and thoroughly eradicated the treatment is likely to fail.

Viridans infections treated with sulfanilamide have been unsuccessful; but four consecutive patients treated with sulfapyridine have recovered, in none of whom a focus was found. Successful treatment of these patients is of interest in contrast to the failure of sulfapyridine in treatment of subacute bacterial endocarditis, possibly due to the organisms being buried in the vegetations on the heart valves.

Pneumococcus meningitis has also had a mortality approximating 100 per cent. Our last twenty cases have shown eight recoveries with sulfapyridine. Six of these recovered patients were also given type-specific serum, but since the serum alone has never seemed able even to prolong the course of the disease the sulfapyridine would seem to have been responsible for success.

Influenzal meningitis has as yet no specific therapy. Of our last twelve cases, six recovered. Of these, two were treated with uleron (since withdrawn from production), three with sulfapyridine, and one with sulfanilamide.

Gonorrheal ophthalmia offers one of the most striking examples of the efficiency of sulfanilamide treatment. Both smear and culture are frequently negative after the first twenty-four hours and almost always at the end of forty-eight hours, as compared with an average of nineteen days under previous treatment; and the patient is usually able to leave the hospital in eight to ten days, in contrast to the previous period of almost a month. Careful irrigation of the eyes is an indispensable adjunct to treatment, and must succeed in keeping the eyes free of discharge even though this may mean almost continual irrigation. The use of local antiseptic solutions, such as the mild protein silver mixtures, seems, on the contrary, to add nothing to the efficacy of treatment. Rarely an organism is encountered which is resistant to the drug; our only instance so far of damage to vision occurring

after the beginning of treatment was in such a patient.

Undulant fever was reported early to be resistant to sulfanilamide. This has by no means been our experience, though in some instances the blood concentration has had to be unusually high (in one case 25 milligrams) to secure a response. The temperature is usually normal within a week, and relapses have not occurred to our knowledge.

Streptococcic laryngitis, or laryngotracheobronchitis, should supposedly respond to sulfanilamide if the streptococcus is truly the etiologic agent, which seems doubtful. Our experience is that this drug is of no value in this condition; but radical departures from previous rules of symptomatic treatment have markedly reduced the mortality of this serious disease. The elevation of the foot of the bed to secure drainage and the use of atropin to decrease secretion were routine measures for many years. Both are ineffective or even harmful, the first because the secretions are far too firm to be influenced by gravity, and the second because the tough leathery exudate needs more water rather than less. Results are vastly better if the head is elevated to hold what moisture there is where it can soften the membrane; and if more moisture is added either by water-saturated air when this is possible, or by instilling two or three drops of sterile saline solution directly into the tracheotomy tube every two to five minutes. In addition, bronchoscopy and suction through the tracheotomy wound may be a life-saving aid in providing space for respiration.

Other conditions in which sulfanilamide may be used exist in profusion. Of these may be mentioned peritonitis, in which abscess formation would seem to be prevented in at least 50 per cent of the cases, and trachoma, which is quickly cured. Evidence is accumulating which suggests that in some of the diseases just mentioned, notably gonorrheal ophthalmia, sulfapyridine may equal or even surpass sulfanilamide in efficiency.

LOCAL USE

Local use of sulfanilamide has not been thoroughly investigated, possibly because first reports were discouraging. Its exact value and limitations are still not known; but that it does have value in at least some instances seems certain. Several cases of gonorrheal ophthalmia have cleared with no treatment whatever except irrigations with one per cent solution in saline, the smear and culture becoming negative in twelve to twenty-four hours longer than when treatment is given by mouth or by needle. It should be stated, however, that at present it seems much better to give the drug in the usual way, as it is difficult to get the irrigation into all parts of the conjunctival sac. Pyoderma, even due to mixed infections, has cleared entirely within twenty-four hours under treatment with wet compresses of one per cent solution; several cases of impetigo have been promptly cured; and paronychia heals remarkably. Infected burns have been ready for skin grafting after two or three days' treatment either with wet compresses or with direct application of sulfanilamide powder. We

have had only one opportunity to test the penetrating ability of the drug, and this lone instance loses much of its significance because the drug was given at the same time by another route. A patient receiving sulfanilamide by mouth had large blebs on the skin. After these were compressed for a few hours, determinations done at the same time showed concentrations of 10 milligrams in the blood and 15 milligrams in fluid aspirated from a bleb. These scanty observations can mean but very little; but they suggest that interesting possibilities remain to be explored in local treatment of accessible membranes and skin.

RELATED COMPOUNDS

Related compounds are being produced and tested in great numbers, but with the exception of sulfapyridine none has as yet demonstrated much value. The most recent is sulfamethylthiazole, which appeared with much laboratory and some clinical backing as a specific for the staphylococcus, and as a valuable aid in treating typhoid fever; but our experience with it has been most discouraging. It is also said to be effective in local treatment of skin infections such as impetigo, but we have no data to offer. (Since the above was written, this drug has been withdrawn from production because of its toxic effect on nerve tissue. Its close chemical relative, sulfathiazole, is now receiving clinical study.) Improvements through use of more soluble salts of the established drugs have, however, opened up new possibilities in technique; and it seems probable that entirely new preparations will appear.

CONVALESCENT SERUM

Convalescent serum has largely supplanted immunotransfusion because of its simplicity, availability in our area, and lack of reactions.

In scarlet fever, small doses of serum (10 to 20 cubic centimeters) have been shown to be a very highly effective prophylactic, and larger doses (50 to 100 cubic centimeters) are dramatically effective in treatment. The rash, fever, and toxicity usually disappear to a great extent during the first twenty-four hours after intravenous administration, and entirely during the second day. Complications drop to about one-third and mortality to less than one-fourth the figures in untreated cases. Convalescent serum is definitely preferable to sulfanilamide from the standpoint of ideal treatment, because it adds immediate relief of symptoms to comparable diminution of complications and mortality, and does so without dangers inherent to the treatment itself; but, unfortunately, its general use is limited by its cost and, except in certain areas, its lack of availability.

In measles, convalescent serum will almost certainly prevent an attack if given within five or six days after exposure, and, if given later, up to the time of onset of symptoms, it will radically modify the course of the illness. Its value after the rash has appeared is more debatable, though even then its results are worth while, especially in reduction of toxicity; the rash is not affected. From the standpoint of hospital practice, it has tremendous

value in cutting down cross infections through passive immunization of susceptible contacts.

Mumps with complications or unusual toxicity responds to convalescent serum with considerable subjective improvement and apparent shortening of the disease. Prophylactic effect would seem to be genuine, though the percentage of efficiency is not known.

As a prophylactic in whooping cough and chickenpox definite claims are made, but unquestionable proof of value is still lacking; and judgment must also still be reserved in therapy of these conditions. Poliomyelitis will be considered separately.

AUTOGENOUS SERUM

Autogenous serum intrathecally has a very definite, though infrequent indication in meningococcic meningitis cases which are resistant to ordinary treatment, and seem to be tending toward a chronic state. This is the only present indication for intraspinal treatment. Cases of this type, whether due to the meningococcus or to other organisms, may also respond well to deep x-ray therapy.

DIPHTHERITIC MYOCARDITIS

Diphtheritic myocarditis has been robbed of much of its terrors by more efficient prophylaxis and treatment. For prophylaxis, particularly in the late or very severe case, absolute bed rest is imperative, not even permitting the head to be raised from the pillow. This is usually demanded in theory and halfway measures tolerated in practice, with definite increase in the number of heart lesions encountered. Ample fluid intake is equally important, and intravenous dextrose solution should be given if the intake by mouth is at all questionable. During the acute phase of the illness, and for about two weeks thereafter, the greatest vigilance must be maintained to detect the first evidences of cardiac involvement; these may appear as nausea and vomiting, epigastric pain, muffled heart tones, gallop rhythm, marked elevation or lowering of pulse rate, or drop in blood pressure.

If one or more of the above warnings appear, rest and hydration are scrupulously maintained; the blood pressure is checked many times daily; and it is kept at or near the lower limit of normal for the age of the patient by hypodermic injections of pitressin. The size and the frequency of dosage of pitressin are determined entirely by the behavior of the blood pressure, and the drug and dextrose solution are continued as long as the emergency exists. In contrast with most cardiac failures, digitalis is contraindicated in this condition, possibly due to inherent differences in the diphtheritic lesion. That the damage to heart muscle is different, is shown by the fact that the outcome tends to be either death or complete recovery rather than chronic cardiac invalidism. The emergency then would seem not to be entirely cardiac, but also in great part a state of vasomotor collapse with fatal drop in blood pressure from the periphery rather than from the heart.

The results from this regimen are more striking in prophylaxis than in treatment, so much so that

circulatory complications have become a decidedly rare occurrence. Therapy still leaves a mortality of about 50 per cent, which is encouraging only by comparison with earlier records, never as low as 75 per cent.

POLIOMYELITIS

Poliomyelitis is a subject which I would gladly omit from this discussion were it not such a live issue in this State. The whole problem is as obscure as ever, with little evidence of final conclusions in the near future. All modes of treatment have produced such conflicting opinions of their value that even the most optimistic must admit that their data are not conclusive.

Convalescent serum has an appealing basis of logic, which, combined with its harmlessness and the desperate urge to do something, has given it a wide and persistent vogue. Opinions of its value often differ even among the personnel of a single institution observing the same patients. Until very recently the antibody titer of the serum used has been a completely unknown factor, and it was hoped, with much reason, that if a serum of known potency could be provided the problem might be clarified. Such a serum is now available to us, each lot tested for protective value in the monkey, and the outbreak of the disease in Los Angeles County in the fall of 1939 provided an opportunity to test it. To our intense disappointment, this serum, like all its predecessors, still does not produce conclusive proof of its value. In fact, the mortality rate during this outbreak was the highest we have ever had. A very laborious analysis of cases now being made may possibly help the interpretation of results; but at the moment one must say that even though the serum can protect the monkey it has not showed the ability to cure him, and that, in like manner, it is open to question whether it helps the average child already ill three or four days when the serum is given. From the foregoing considerations it would seem that the serum should have definite prophylactic value in man; whether it in fact does have such value, we have no data to show.

This problem is further complicated by the fact that misguided propaganda has convinced most of the laity that this serum is extremely effective. This fact, engrafted upon the public hysteria which the mere name of the disease evokes, makes control cases and other accurate means of study practically impossible. Until a better sense of proportion returns to the public, and even to the medical profession, real progress is unlikely except from the laboratory approach.

One innovation in treatment has offered enough encouragement to justify further study. This is the injection of large amounts (about 7 cubic centimeters per pound per hour for five hours) of half-normal saline by vein, with half-hourly removal of spinal fluid through an indwelling needle. This five-hour period of treatment is repeated twice, with five-hour rest periods. This treatment, obviously, is based on the idea of "washing out" the perineural spaces. It is technically exacting and laborious, and has been reserved for patients showing evidence of actively progressing involvement

of the higher nerve centers. Several patients so treated showed immediate and striking regression of symptoms well in excess of probable spontaneous improvement, but their number was much too small for definite conclusions; and to make evaluation the more difficult, they all had serum also. The procedure does at least provoke a marked flow of fluid, which fact is occasionally useful in cases of meningitis with thick exudate which threatens adhesions.

IN CONCLUSION

The central thread of all these advances here outlined is, obviously, chemotherapy. The future of this type of treatment alone can unfold; but with the scope of present agents still tending to enlarge, and new preparations constantly appearing, further progress is already assured.

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POISON OAK AND POISON IVY IMMUNITY STUDIES IN GUINEA PIGS*

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SINCE Simon, Simon and Rackemann¹ first reported their poison ivy sensitization experiments in guinea pigs in 1934, this animal has been used by many workers for studying the skin allergy produced through contact with this plant poison.

The extracts used in the following experiments were prepared in this manner: Separately, fresh poison oak and poison ivy leaves, each representing 10 per cent in weight, were macerated in ethyl alcohol for three weeks, then filtered. The filtrate was reduced in volume to 10 per cent by distillation under vacuum. The fluid extracts so obtained were dried by exposure to air. These solid extracts (crude lobinol and crude toxicodendrol) were then redissolved in sufficient ethyl alcohol so that 0.1 cubic centimeter would equal 10,000 dermatit units.² From this the dilutions were made.

In August, 1939, sixteen white female virgin guinea pigs, each weighing about 400 grams, were selected. An area on their flanks (4 by 6 centimeters) was epilated by thoroughly plucking the hair. Half of them (eight) were stripe-painted daily for six days with 0.1 cubic centimeter containing 1,000 dermatit units. No reaction occurred following the first two paintings. Following the third painting, however, an erythematous reaction appeared within twenty-four hours; and following the sixth painting these pigs reacted to as little as 200 units, indicating that they had become sensitized.

EXPERIMENTS

Experiment No. 1.—Two sensitized pigs and two non-sensitized pigs were given one cubic centimeter of the poison oak and poison ivy extracts, a 10,000 dermatit unit dose, by mouth (stomach tube), daily for twelve days. Sixteen days following the last injection they were stripe-tested daily for six days with 0.1 cubic centimeter (1,000



Fig. 1.—Skin reaction in a sensitized guinea pig, stripe-tested with 0.1 c.c. containing respectively 1,000 dermatit units of poison oak and poison ivy.

units). Both the sensitized and non-sensitized pigs gave negative reactions.

Experiment No. 2.—Two sensitized and two non-sensitized pigs were given one cubic centimeter of the two extracts, a 10,000 dermatit unit dose, by subcutaneous injection, twice a week for three weeks (six injections). Ten days following the last injection they were stripe-tested daily for six days with 0.1 cubic centimeter (1,000 units). Both the sensitized and non-sensitized pigs gave negative reactions.

Experiment No. 3.—Two sensitized and two non-sensitized pigs were given 0.1 cubic centimeter of the two extracts, a 1,000 dermatit unit dose, by intracutaneous injection twice a week for three weeks (six injections). Ten days following the last injection they were stripe-tested daily for six days with 0.1 cubic centimeter (1,000 units). Both the sensitized and non-sensitized pigs gave negative reactions.

CONTROLS

Two sensitized pigs and two non-sensitized pigs were used as controls. At the end of the experiments, and at the same time that the treated pigs were tested, the two sensitized controls gave an erythematous reaction twenty-four hours following the first stripe applications of both the 0.1 cubic centimeters, containing 1,000 units, and the 0.1 cubic centimeter containing 200 units. The two non-sensitized pigs reacted negatively to the 1,000 unit daily applications for the first two days, then positively after the third painting, as was to be expected.

Six months later the skin tests were repeated, using the 0.1 cubic centimeter (1,000 units) striping technique. All of the injected pigs, even after six daily paintings reacted negatively, while the controls still gave a positive reaction twenty-four hours after the first application.

Precipitin and complement-fixation tests made with sera from sensitized, non-sensitized, treated and untreated pigs and repeated several times with different types of antigens, gave negative results. The Shultz-Dale smooth muscle tests made with their uteri were also negative.

CONCLUSIONS

1. Whole extracts of poison oak and poison ivy of given strengths, when administered subcutaneously, intracutaneously, or by mouth to either sensitized or non-sensitized guinea pigs, result in a certain skin protection against these poisons for a period of at least six months. Similar unreported experiments, previously made, using in each group,

* From the George Williams Hooper Foundation for Medical Research, University of California, Dr. Karl F. Meyer, director.

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one-tenth of the dose used in these experiments, failed to show this protection.

2. The intracutaneous injections proved the most efficacious, that is, when the injections were given by mouth or subcutaneously, it required doses containing 10,000 units to secure the amount of protection that was obtained with the 1,000 unit doses when given intracutaneously. Unless the alcoholic content of the extracts was kept at 10 per cent or below, necrosis of the skin occurred following the intracutaneous injection.

3. Following the injections, all of the guinea pigs in all three groups reacted negatively to both poison oak and poison ivy skin tests. This would seem to indicate that these two poisons are biologically the same.

4. It is not yet known what mechanisms are involved in these immunologic observations, inasmuch as all of the laboratory tests made so far (both allergic and immunologic) have been negative.

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PENTOBARBITAL-SODIUM, NEMBUTAL— IN OBSTETRICAL ANALGESIA*

By GWENDOLYN CAMPION, M.D.
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MANY reports on the use of sodium pentobarbital as an obstetrical analgesic have been made. The conclusions, however, have been somewhat conflicting concerning the value and safety of the drug. Therefore, I thought it might be worth while to review some of the more recent work, both experimental and clinical, and to analyze some of the cases at the Children's Hospital, San Francisco.

PHARMACOLOGY

First, let us review the pharmacology of sodium pentobarbital. It is a derivative of barbituric acid, its formula differing from barbital in that one of the ethyl groups is replaced by a methyl-butyl group. It is effective in relatively small doses, is excreted or destroyed quite rapidly after administration, and has a proportionately shorter period of action. It may be given orally, rectally, intravenously, and intramuscularly.

Like all barbituric acid derivatives, it is essentially sedative and hypnotic, and is analgesic to only a small degree. Its action is on the central nervous system, the greatest concentration being in the diencephalon, especially the thalamus. Thus, restlessness or excitement is not infrequently observed.

Large doses of the barbiturates may cause other changes, such as a slight fall of body temperature;

lowering of the basal metabolic rate; and a temporary lowering of the blood pressure, especially with the rapid injection of a barbiturate. This fall in blood pressure is mainly due to cardiac injury and dilatation of arterioles, venules, and capillaries. Such a change in the vascular bed may result in acute edema of the lungs or later in bronchopneumonia.

Respiratory depression is commonly noticed, and is generally considered to be the cause of death in overdosage. Since the barbiturates pass freely from mother to fetus and back again, it is to be expected that babies may show some difficulty in establishing spontaneous respiration following barbiturate medication of the mother.

Quickening of the pulse is not uncommon with the barbiturates. This is caused by the depression of the heart muscle and of vagus nerve endings. Barbiturates in large doses have a depressant effect on smooth muscle. The parturient uterus, however, seems to be highly resistant to this depressant effect, and the action is much less with the shorter-acting barbiturates. At the same time they cause marked relaxation of the cervix and perineal muscles.

Whether all barbiturates, including amytal and pentobarbital, are excreted by the kidneys is a matter of controversy. Gruber believes that only degradation products appear in the urine after the administration of the shorter-acting barbiturates. He believes the latter are destroyed in the liver, since liver damage lengthened the action of these drugs. Hirschfelder and Haury had shown that nephrectomy lengthened the action of phenobarbital and barbital by three times, but had no effect on the action of amytal, pentobarbital and evipal.

Gruber and Brundage showed experimentally that amytal and pentobarbital were apparently stored in some tissues of the body, and given back to the blood stream as fast as they were destroyed by the liver. The total amount of degradation products excreted in the urine varies with different barbiturates in different animals. As much as 22 per cent is present after the intravenous injection of sodium pentobarbital in dogs, and only 2.4 to 7.5 per cent after sodium amytal.

The urine output is usually somewhat diminished by the barbiturates, but apparently renal damage is not caused by therapeutic doses.

All barbiturates are potentially habit forming, and an increase in tolerance has been noted.

COMMENT

Sodium pentobarbital has a high index of safety, that is, the ratio of the minimum lethal dose to the therapeutic dose. That of amytal and phenobarbital is low.

Reynolds, Schenken and Veal at New Orleans, found that nembutal narcosis in guinea pigs apparently caused focal necrosis of the liver. Amytal and evipal seemingly had no such effect.

Acute poisoning may occur with the barbiturates; sometimes in cases of oversusceptibility, but generally in overdosage, especially in intravenous injections. Dr. Henry S. Ruth believes that idiosyncrasies are no more common than with morphine.

*Read before the Section on Anesthesiology of the California Medical Association at the sixty-eighth annual session at Del Monte.

The coma of barbiturate poisoning may be preceded by a period of excitability. There is a marked fall in blood pressure, depression or paralysis of respiration, asphyxial convulsions, and mydriasis. Renal necrosis has been reported.

In the treatment of overdosage, all the usual stimulants have been used, including artificial respiration. Picrotoxin has been found to be very valuable, both in experimental animals and in man. It acts as a physiologic antagonist to the barbiturates as well as a direct stimulant to the respiratory center. The use of this drug is, however, still in the experimental stage.

IN RELATION TO OBSTETRICS

Let us now consider sodium pentobarbital from the standpoint of obstetrics. The aim of obstetrical medication is to keep the mother as comfortable as possible and to prevent her from becoming exhausted. That is, the ideal medication should cause her to relax mentally, rest or sleep between her pains, and diminish her awareness of pain. At the same time the force of her pains must not be interfered with nor her labor unduly prolonged. This fact makes obstetrical analgesia difficult, and has led to the use of drugs which, although not true analgesics, cause amnesia. The effect of any drug on the fetus must always be borne in mind and neither mother nor infant should suffer any ill after-effects.

As has been pointed out, sodium pentobarbital is one of the shorter-acting barbiturates which is destroyed or excreted relatively fast. Its index of safety is high. It is hypnotic and somewhat analgesic. It is a respiratory depressant to both mother and fetus and, therefore, potentially dangerous. It depresses smooth muscle, but has little action on the uterus.

The reports in recent literature on pentobarbital narcosis in obstetrics may be summed up as follows:

Restlessness.—Almost all agree that this may be a disagreeable factor. It is reported as being present in from 10 and 12 per cent up to 70 and 80 per cent. This higher figure was cited in a series of patients when pentobarbital was given intravenously. It has been suggested that raising the dose from 4½ to 9 grains, given early in labor, decreases the restlessness. Galloway, Grier and Blessing, at Evanston Hospital, give an additional 1½ or 3 grains to restless patients, but feel that if this does not quiet them further, medication of any kind is futile.

Length of Labor.—Practically all writers report that pentobarbital medication does not prolong labor, and some claim a shortening of labor, especially where the cervix is rigid.

Forceps Deliveries.—The percentage of forceps deliveries varies greatly, apparently depending more upon the doctor than the patient, since the expulsive force of the second stage is not diminished.

Dosage.—The initial dose is usually given as 4½ to 6 grains. This is followed in two and one-half to three hours by 3 grains, and every two hours thereafter by 1½ grains. Each case must be treated

MEDICATION	NUMBER OF CASES	AVERAGE DOSE	AVERAGE LENGTH LABOR		PERCENT FORCEPS CASES	PERCENT INFANTS PHYSIOLOGICALLY NORMAL	PERCENT INFANTS SLOW TO BREATHE OR CRY	FETAL OR INFANT DEATHS	PERCENT RESTLESS PATIENTS	COMFORT OF MOTHER		
			1st STAGE	2nd STAGE						GOOD	FAIR	POOR
1. N ₂ O-O ₂ Only	86	Primip 46 Multip. 40	Primip 8 hr 39 min. Multip. 5 hr 14 min.	Primip 49 minutes Multip. 28 minutes	30.2	89.5	6	3				
2. N ₂ O-O ₂ and Sod. Pentobarbital	79	Primip 47 gr Multip. 3 6 gr	Primip 9 hr 32 min. Multip. 6 hr 50 min.	Primip 50 8 min. Multip. 21 minutes	27.8	92.3	3	3	5	27.8	14	58.2
3. N ₂ O-O ₂ and Sod. Amytal	15	Primip 8 Multip. 7	Primip 9 hr 5 min. Multip. 4 hr 45 min.	Primip 52 minutes	80	100	0	0	6.6	40	33.3	26.7
4. N ₂ O-O ₂ and Sod. Pentobarbital and Paraldehyde	32	Primip 45 Multip. 3 ½ gr	Pent. 15.20 cc. Paral. 15.20 cc.	Primip 13 hr 30 min. Multip. 14 hr 24 min.	61	82.7	9	0	13.4	51.9	25	33.1
5. N ₂ O-O ₂ and Paraldehyde	20	Primip 15.20 cc.	Primip 12 hr 38 min.	Primip 50 minutes	45	100	0	0	0	40	40	20

Fig. 1.—Table of findings in 252 cases at Children's Hospital.

individually, of course, and many patients need no more than the initial dose. Damon tests his patients for idiosyncrasy before labor starts. The initial dose is given in some hospitals when the cervical os is two to three centimeters, dilated, and the pains four to five minutes apart. The tendency seems to be, however, to give it as soon as true labor has started, regardless of the dilatation. This lays a good foundation, so that only smaller amounts of the drug are required throughout the remainder of labor.

Amnesia was reported excellent in from 50 to 90 per cent of cases. Various other drugs have been used in combination with pentobarbital to improve the amnesia. The Boston Lying-In Hospital reports the best results with pentobarbital and scopolamin. They felt that neither paraldehyd nor rectal ether improved the amnesia.

Maternal Morbidity.—Most writers agree that this is not increased, and many emphasize the satisfactory postpartum condition and rapid convalescence of pentobarbital patients.

RELATION TO THE INFANT

Condition of the Infant.—To quote Clifford and Irving, "The ultimate fate of present methods of obstetrical analgesia may hinge on the price the infant must pay." I should like to point out to you some of their findings as reported in May, 1937. Most of the cases of the 410 reported received sodium amytal or nembutal, and either scopolamin, rectal ether, or paraldehyd. A control group of patients receiving no medication was used for comparison. In the medicated group, 62 per cent of the babies were physiologically normal—10 per cent less than the control group.

They found no relationship between the *time* of administration of the barbiturate, nor the *size* of the dose and the number of babies requiring resuscitation. The rate of physiologically abnormal babies was fixed between 37 and 39 per cent. They compare these facts to their findings in the smaller group of cases receiving morphin or pantapon. It was in this group that the only two deaths occurred. They emphasize the definite relationship existing between the dose and the time of administration of morphin, and the condition of the infant. This is a well-known fact which is too often forgotten.

They prefer sodium pentobarbital to sodium amytal, as they believe it has slightly less effect on the baby.

Reports from most *other* places give a somewhat *higher* figure for the percentage of normal babies, probably because their criteria are not so rigid as those used by Clifford and Irving.

It is frequently emphasized that the infant whose mother has received barbiturate medication, either alone or in combination with other drugs, is quite characteristic. It is sleepy and, after the first gasp, there is a period before regular respirations are established and the cry is delayed. It is usually flaccid and sometimes pale, and the respirations are apt to be shallow. After one or two days, however, the infant is perfectly normal and makes a normal gain. These symptoms must be expected and understood and treated accordingly. That they are not serious is indicated, it is felt, by the fact that the fetal mortality rate has not been raised by the use of sodium pentobarbital.

AUTHOR'S STUDIES

In an effort to determine the results of medication at Children's Hospital, I have reviewed 250 cases selected only as to type of medication and the omission of those coming to cesarean section. The obstetrical service comprises a high percentage of private cases and a much smaller number of clinic cases. All patients receive nitrous oxid-oxygen inhalation with pains for from one-half to two hours.

Of this group of cases, 86 patients received no medication other than nitrous oxid; 79 received sodium pentobarbital; 15 sodium amytal; 52 a combination of pentobarbital and paraldehyd; and 20 paraldehyd alone. I have tried to compare these groups as to length of labor, type of delivery, condition of the infant, and comfort of the mother. The results of this report are open to considerable discussion, since the medication was given as deemed advisable and as time permitted, and not with any plan in mind to prove the efficacy of any one method. Thus, the patients who received no medication were chiefly ones who either came to hospital late in labor or who had a rather easy labor.

I have referred to comfort of the mother rather than analgesia, since both the barbiturates and paraldehyd are not true pain killers, but sedatives and hypnotics. I have considered the result good in this respect if the mother has been able to sleep between her pains and even through her pains, and is fairly comfortable throughout her labor. Comfort is called fair if she is able to sleep or rest between her pains for most of her labor, but is obviously uncomfortable for part of the time. Poor results are those in which the patient complains or is obviously uncomfortable and unable to rest throughout most of her labor.

The average lengths of the first and second stages of labor do not vary greatly. The first stage is longest in the group receiving pentobarbital and paraldehyd. All are well within normal limits.

The percentage of forceps deliveries varies, but the majority in all groups were low or outlet forceps. The highest figure is in the small sodium amytal group, but all these cases were private ones.

The percentage of physiologically normal infants is high in all groups, and medication seems to have had no effect on this phase.

In Group 1 there were six babies who were slow to breathe and cry. In Group 2 there were three. One of these was a version and extraction; one died, following operation for intestinal obstruction. In the third case the mother had received only three grains of nembutal. In Groups 3 and 5, none were slow to breathe and cry. In Group 4, there were three slow to breathe, and six in which the cry was delayed. A total of nine physiologically abnormal babies. Five of these had received one-sixth grain of morphin sulphate during labor.

FETAL AND INFANT MORTALITY

None of the fetal or infant deaths in this series can be blamed on medication. In Group 1, there were three deaths; two of these were antepartum with macerated fetuses, and one baby died on the eighth day with partial atelectasis and cerebral hemorrhages. This was a low forceps delivery in a multipara. In Group 2, two of the deaths were antepartum, one with a macerated fetus and the other had many congenital abnormalities. The third death in this group was the patient mentioned before, who died of intestinal obstruction.

COMMENT

Restlessness was not pronounced in any group, the highest being 13.4 per cent in the one receiving pentobarbital and paraldehyd.

Comfort of the mother was poorest in the group receiving nembutal alone. This was probably due to the small dosage used. The average was 4.7 grains in the primipara and 3.6 grains in the multipara. It is interesting to note that in this group, twenty-one patients received 6 grains or more, and of these 71 per cent had a good or fair result. This is comparable to the results obtained in the other groups. Great individual variation in the reaction to pentobarbital was observed. For instance, seven patients had a good result from only three grains, whereas six patients had a poor result from 6 or 7½ grains.

IN CONCLUSION

From this small series of cases it would appear that sodium pentobarbital has no advantage over sodium amytal, paraldehyd or a combination of pentobarbital and paraldehyd, and is, in fact, inferior to these in producing maternal comfort in the dosage used. As mentioned, six grains or more are needed in most cases to produce a good result. On the other hand, it does not prolong labor and need not raise the incidence of forceps deliveries.

As pointed out in other reports, it produces amnesia in a high percentage of cases and does not increase maternal morbidity.

It is a relatively safe drug for both mother and fetus. The fetal mortality rate is not increased and the number of physiologically normal babies is high. Since the time of administration and the amount of the drug seem to have no relation to the condition of the infant, it is an especially good drug to use in multiparas.

PEDIATRICS: ITS BROADER ASPECTS*

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MEDICINE is ever expanding its scope of knowledge concerning health, and with it comes a better understanding of measures necessary for the prevention of sickness.

In no special branch of medicine are the opportunities for practicing preventive measures greater than in the field of pediatrics, nor more important. Time was when the accent was on disease; now it is on health, with striving for optimal health. And with this our definition of health has broadened to include not only the physical, but also the emotional and mental well-being of the individual.

SCOPE OF PEDIATRIC SERVICE

During the past twenty years an ever-increasing number of parents have become aware of the benefits of pediatric supervision of the well child from the very day of birth, so that today the care of the well child occupies perhaps the major part of the pediatrician's time. His attentions to the child have been largely focused on physical growth and development, on the correction of remediable defects, and on the institution of measures for the prevention of infection. Not a great deal of attention has he paid to the establishment of mental hygiene. Partly because of this, his little patients develop behavior difficulties, many of which could have been prevented, but which offer formidable resistance to correction, and may even leave their imprint for life.

If the pediatrician hopes to remain prominently in the picture, the scope of pediatrics must broaden to the point where its disciples attain a comprehensive understanding of every phase of child welfare, and qualify themselves as authoritative in all its aspects.

Life grows more complex daily; the tempo quickens constantly; and emotional strains grow greater. Mental hygiene becomes increasingly more important.

At the risk of being considered academic, I wish to bring to your attention certain fundamental concepts of mental hygiene with which all of you are probably familiar, but which I believe important enough to bear repetition.

For purposes of this brief presentation, mental hygiene may be best defined as "a better way of life"—a way in which growth and development of the individual is so enriched and fortified that he may be enabled to stand firm under the pressures of life.

There are three fundamental factors of growth and development, namely: heredity, hygiene or environment, and food. These factors interact so closely with one another that at times it becomes difficult to ascribe to any one of them a distinctly individual sphere of influence. A few pertinent examples may help to clarify this statement.

HEREDITY

Whereas it is impossible to measure accurately the influence of heredity, it is pretty well agreed that heredity places upon each individual limitations in growth and development, irrespective of the influence of the other two factors. This is evidenced by:

1. Body build, height, weight, etc.
2. Congenital defects or disease.
3. Susceptibilities as to allergy, arthritis, etc.
4. Unstable nervous systems.

FOOD

What constitutes a balanced diet is now well known, and few children need suffer because sufficient food of proper nutritive value is not available to them. However, successful feeding implies much more than the supplying of proper food in desirable quantities. We have learned that the emotional state of the child at the time of feeding is almost as important as the food itself. The child who is under strain, who is rendered nervous by the anxious pressure of parents in regard to his eating, is very likely to react with loss of appetite and become a feeding problem.

HYGIENE

Physical.—Physical hygiene, the laws of which have been pretty well agreed upon, requires very little discussion here. Pediatricians have for long stressed such important factors as: fresh air and sunshine; exercise and rest; proper housing conditions; cleanliness; attention to posture; care of the mouth and teeth; prevention of infection; immunization against disease.

Mental.—Sound programs of physical hygiene and nutritional care, as well as an understanding of hereditary influences, are essential to a sound mental hygiene program.

The factors influencing mental hygiene which are of environmental character are best classified as internal and external. Internal factors are of physiologic or pathologic character, and arise because of some physical disturbance within the child himself, which results in aberrant behavior. Common examples of such are the child with: crippling heart disease; crippling defects—congenital or acquired; frequent colic during infancy; thyroid disturbances. External factors may further be divided into those of inanimate and animate origin.

The inanimate represent all the influences of physical hygiene toward well-being, plus the esthetic, educational, and other emotional experiences that are afforded by various physical environmental conditions.

Possible examples: the furnishings in the child's room; educational toys; nursery-school equipment, etc.

The animate represent the influence of those living beings who contact the growing individual, most important of whom are: the parents; the servants; the relatives; the playmates; the school faculty members; the religious instructors; the pediatrician.

* Read before the Section on Pediatrics at the sixty-ninth annual session of the California Medical Association, Coronado, May 6-9, 1940.

How these factors can be made to exert the most beneficent influence will depend to a large extent on the intelligence, understanding, and emotional adjustment of those controlling the lives of the various individual children.

RÔLE OF THE PEDIATRICIAN

The rôle for which the pediatrician must prepare himself is that of an external environmental force, acting both directly and indirectly. Directly, during his frequent contacts with the growing child; indirectly, by his advice to the parents, particularly in relation to the *prevention* of emotional disturbances. To do this job effectively, he must not only know the child well, but also the total environment into which the child has inescapably entered.

In his contacts with his little patients, he must always be extremely patient, kindly, gentle, and resourceful in his approach. This not only wins the confidence of child and parent, but also helps to teach the parents the art of handling children.

The mother returning home from the hospital with her new baby is beset with new and frightening experiences, not to mention inexhaustible poor advice by neighbors and fond relatives. It becomes our duty to give thoughtful and kindly consideration to all her little worries until the trivial matters become trivial in her mind, because upon the establishment of an emotionally stable atmosphere in the home depends the prevention of most of the emotional disturbances of the young child.

Dewey, the great philosopher, has told us that "no experience is lost." Let us learn to point out to parents which are the beneficent experiences, and which are the harmful ones.

With the world "going mad" around us, what can possibly be a more important goal than the rearing of a new generation of people, sound in mind and emotionally stable? To bring this about, we must start our efforts with the infant.

2200 West Third.

EPIDERMOPHYTOSIS TREATED WITH SODIUM BORATE*

By ARNE ELY INGELS, M. D.
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ANYONE who knows how difficult it is to cure even common forms of epidermophytosis will feel justified in searching for new remedies. The mere multitude of fungicides available and in use today would indicate that there is no one specific treatment for epidermophytosis or athlete's foot infection. An enormous amount of work has been done, both clinically and in the laboratory. Beyond question, the best fungicide known is iodine in various concentrations. This, however, is an inconvenient drug which causes much irritation, and in many instances produces dermatitis venenata.

When Dr. George L. Browning pointed out to me, in an oral communication, that Southern Cali-

fornia shows a high boron content of the soil, and that citrus and walnut trees suffer much from the same, my attention was drawn to the possible effect of boron on fungi. Should one classify fungi as a plant, the same laws would apply approximately for the fungi as for trees. A minimum amount of boron is absorbed and is stimulating for the growth of trees; but when the concentration reaches a high value the leaves become discolored and finally the trees die. It has been found¹ that irrigation water which contains 1 p. p. m. of boron will ultimately produce more or less injury. Voelcker² (1910) reports that any concentration over 0.001 per cent of B, whether as boric acid or sodium borate, prevented wheat and barley plants from developing and forming grain.

CLINICAL MATERIAL

The present series are taken from cases treated by me at Stanford Medical School, San Francisco General Hospital, and Franklin Hospital, over a period of one and a half years. To my knowledge no one else has employed this type of treatment.

Picking out some test cases first, I was quickly convinced that boron in its form of sodium borate is very effective in the treatment of epidermophytosis of the feet. Various concentrations were tried out, but I shall report only the results concerning a constant concentration of sodium borate. A uniform percentage of 33 per cent in powder form, and 2 per cent in soaks, was used in this series. Only cases presenting the typical dry or average vesicular form of epidermophytosis of the feet were chosen. The same holds for tinea cruris and epidermophytosis of the anal region and axilla. Since the raw, weeping and denuded types showed a variable reaction, they have not been included in this series.

In spite of the fact, which has been pointed out by many authorities, that cultures for fungi show an optimum at the pH of between five and seven,³ it was thought that an outright alkaline reaction might be valuable in eradicating the fungi. The powder form was, therefore, made up with 20 per cent aluminum silicate (kaolin) and 10 per cent magnesium carbonate, for hygroscopic effect as well, made up in a talcum base. The soaks were administered in the form of foot or sitz baths. In a few cases of epidermophytosis corporis reported, sodium borate was used in an average of one cup to a tubful of water, with soaks ten minutes daily, once daily.

Altogether two hundred and two patients were treated, including cases of epidermophytosis of the feet, groins, axilla, anal region, and the body. Naturally, the time for cure will vary much with the various sites, depending on moisture, friction, mechanical factors such as rubbing, etc. The dry, scaly type with the vesicular element responded best. Of 202 uncomplicated foot cases, 138 were proclaimed cured after an average healing time of seventeen days. Sixty-four cases were greatly improved when last seen, but did not return for check-up. The average healing time for the groin, anal region, and axilla would naturally be much higher. As a total, all cases together healed in an

* From the Division of Dermatology and Syphilology, Department of Medicine, Stanford University.
Read before the Section on Dermatology and Syphilology at the sixty-ninth annual session of the California Medical Association, Coronado, May 6-9, 1940.

average of twenty-nine days, with the extremes lying between seven days and ninety days. Contrary to expectations, none of them showed dermatitis venenata, a thing which one would expect with the strongly alkaline reaction of sodium borate, aluminum silicate, and magnesium carbonate. No irritation was found. Universally the patients stated a beneficial effect in their itching symptoms.

COMMENT

I take the definite stand that this type of treatment should be reserved for the dry or completely uncomplicated cases. It still remains to demonstrate in the future how well the average results will show up when eczematous changes are included, *i. e.*, raw, denuded areas and weeping dermatitis venenata.

This type of treatment offers great advantage in producing prolonged exposure to a fungicide which, in itself, seems to be physiological in its action on the fungus, namely, sodium borate. Theoretically the fungus would absorb this chemical up to saturation point, which has not been accurately decided upon.

The combination of sodium borate with hygroscopic powders eliminates moisture which favors growth of fungi. The addition of talcum is observed to support the same. The use of soaks facilitates the quick absorption of the chemical by the fungus and penetration of dead tissue. Presumably, normal skin tissue does not absorb boron; only dead, desquamating epithelium. The alkaline reaction, together with the inherent quality of the chemical and the drying effect will all three combine together in favor of healing. In order to confirm the clinical results, a few cultures were inoculated on routine Sabouraud's medium and treated with sodium borate 1-100, 1-1000, and 1-10,000. It seemed obvious that the sodium borate-treated media inhibited growth in comparison with non-treated media which favored normal growth. Too small a series, however, is available for accurate estimation of this side and will be supplemented later on.

In this series are cases which were previously treated by other means and methods, with ill effects or no results. It seems certain, however, that a judicious application of this treatment, even in complicated cases, acts well. Also, here I should like to add that only the skilled dermatologist who can judge each individual case should attempt the complicated cases. For example, where pruritus ani or vulva were present I wish to emphasize the unquestionable value of this treatment schedule added to other known approaches, such as x-ray, etc. Unnecessary to say that a condition like pruritus vulva would have lichenification and secondary effects besides its own etiology, which would require a definite approach. Weeping eczemas would require alleviation of the acute symptoms first.

Other variations and additions of boron preparations were found unfavorable in comparison. Sodium perborate, as found in commercial powders,

did not add to the fungi-static power of this régime; it would tend to irritate the treated areas. Other commercial powders claim their action from the alkaline reaction they possess.

One factor should be clearly understood: that many patients show a constant tendency to recurrence of their once-healed infections. Some physicians even go so far as to state that an epidermophytosis will never be 100 per cent healed, but will continue for the rest of a person's life.

SUMMARY

1. Two hundred and two cases of epidermophytosis of the feet, groins, anal region and axilla, as well as the body, have been treated with sodium borate in powder form and soaks.

2. The response, comparing very favorably with hitherto known methods, is reported.

3. For the chronic forms of epidermophytosis of the feet, groins, and axilla, it seems a method of choice.

4. No instance of dermatitis venenata was encountered in the uncomplicated cases.

5. This method used in complicated, eczematous and weeping forms should be applied with extreme caution, and only in the hands of the experienced dermatologist.

6. Epidermophytosis of the skin folds, excluding the feet, shows a longer healing course, although comparing very favorably with other methods in use.

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PREMATURE OBSTETRICAL DELIVERY DUE TO POLIOMYELITIS*

WITH RESPIRATORY PARALYSIS COMPLICATION

By NATHAN M. SPISHAKOFF, M. D.

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BECAUSE of the unusual circumstances associated with the successful termination of a spontaneously premature labor, this report is submitted in order to render an opinion regarding the advantages of a properly developed chest respirator for any case of respiratory paralysis.

* From the Communicable Disease Service of the Los Angeles County Hospital, and the University of Southern California School of Medicine.

REPORT OF CASE

CASE 1.—The patient, V. M., a 22-year-old white female, gravida iii, expecting confinement on August 27, 1940, in her last trimester of an uneventful pregnancy, on July 19, 1940, developed marked lassitude, anorexia, continuous frontal headache, and moderately severe lumbosacral backache. She attributed this to her pregnancy and did not call her physician. The following day the symptoms were markedly exaggerated, and, in addition, the patient noted "crampy" sensations in her legs.

On July 21, due to intense lumbar pain and extreme weakness of both legs, the patient was admitted to the maternity service of a local hospital. Following a diagnostic lumbar puncture, she was transferred to the Communicable Disease Unit of the Los Angeles County Hospital in the afternoon of July 22. The history was verified, in addition to which it was learned the patient had been rather drowsy since onset. Past history was irrelevant, except that she had previously had two normal spontaneous deliveries, with episiotomy, the larger child weighing seven pounds six ounces. No history of contact was obtained, but it was learned later that eleven days prior to the onset of symptoms both her children had been feverish, anorexic, drowsy and irritable, and had loose bowel movements, but regained normal health within a few days.

On admission the temperature was 101.4 degrees Fahrenheit, pulse 112, and respirations 28 per minute. The patient was a slender, well-developed female adult, lethargic but quite alert when aroused. Pertinent findings included moderate pharyngeal injection, marked nuchal rigidity in the last 30 degrees of flexion, and an abdomen enlarged to the size of an eight-month pregnancy. Fetal movements could be seen and felt, and the fetal heart tones were of good quality. Due to the condition of the patient at the time of admission, and in view of the previous normal obstetrical history, no further obstetrical examination was made. The extremities were normal and without edema. There was marked weakness of the flexor and extensor muscle groups of both arms and of the small muscles of the right hand. Paralysis of the flexor and extensor groups of both legs was noted, with marked paresis of the internal and external rotators. Examination of the cranial nerves and sensation was normal. The spine sign, Brudzinski, and Kernig reflexes were positive. Tendon reflexes of the upper extremities were normal. The superficial abdominal and gluteal reflexes, and the deep tendon reflexes of the lower extremities were absent. Babinski response was normal.

Hemoglobin was 90 per cent (Sahli), leukocytes 9,200, with a differential of 86 polymorphonuclear and 14 mononuclear cells. Blood Wassermann and Kahn were negative. Examination of the spinal fluid revealed a water pressure of 100 millimeters. The Queckenstedt test was active bilaterally. The fluid was ground-glass in appearance, and contained 900 cells: 95 per cent lymphocytes and 5 per cent polymorphonuclears. Pandey's test for globulin was negative. Total proteins were 105 milligrams per 100 cubic centimeters. Sugar was qualitatively normal, eight drops of fluid reducing five cubic centimeters of Benedict's solution. Chlorides were normal.

The patient was placed in basket splints and given an intravenous injection of 200 cubic centimeters of human convalescent poliomyelitis serum diluted in 200 cubic centimeters of normal saline, and in addition received indicated symptomatic therapy.

The morning after admission the patient's temperature had returned to normal. On July 25, respiratory distress was noted, which was relieved by assuming the Fowler position. At this time she also developed nausea. The following two days she remained afebrile, but the nausea persisted so that she was unable to take food and required intravenous fluids. On July 26, while still afebrile, the patient again became lethargic, and it was noted that the lower intercostal muscles had become paralyzed. Diaphragmatic function was poor, and breathing was performed chiefly by the use of the upper intercostals and the accessory muscles of respiration.

By midafternoon of July 27, upward extension of the disease had caused markedly increased respiratory embar-

assment. The patient became semicomatose and cyanosis appeared. She was placed in a Drinker respirator and showed rapid improvement in color and pulse, but because a fatal outcome seemed probable, a postmortem cesarean section was considered, and would have been done had the need arisen. The fetal heart tones remained of good quality and normal rate. Within a few hours after being placed in the respirator the patient's temperature rose to 102.8 degrees Fahrenheit; the pulse was 90 to 120 per minute. The sensorium cleared, color was good, but pharyngeal paresis became evident, and because of the dysphagia constant suction of mucus from the throat was required.

Uterine contractions first appeared at five- to ten-minute intervals in the early hours of July 28. Active premature labor was definitely established by 10:45 a. m., the pains occurring at three- to four-minute intervals. At this time, because of the apparently inadequate tone and strength of the abdominal muscles, forceps delivery was discussed. By 2 p. m., rectal examination revealed dilatation to 6 centimeters and 50 per cent effacement of the cervix. At 3:50 p. m., the respirator was opened long enough to permit a vaginal examination and rupture of the membranes, under aseptic conditions. During this interval, breathing was maintained by a resuscitator applied to the patient's face. The respirator was again closed, only to be opened again at 4:05 p. m., when perineal bulging was noted. The patient was draped on the respirator bed, and while breathing was maintained by a resuscitator, delivery, without instrumentation, of a normal male infant, weighing six pounds one ounce, was accomplished. A small second-degree laceration of the perineum occurred, but was not repaired, owing to the urgency of returning the patient to the respirator. This was done after the third stage of labor, and following the completion of perineal hygiene, at which time the resuscitator was discontinued. Upon delivery of the child, the patient's breathing immediately improved, evidently because of increased freedom of diaphragmatic motion.

Within twenty-four hours after delivery, the patient became afebrile. The postpartum course was uneventful. She was again able to swallow, and respiratory function returned rapidly, so that the respirator was unnecessary after the eighth postpartum day. Paresis of the upper extremities persisted, but is now less marked, and the paralysis of the lower extremities remains unchanged. The infant has maintained a normal neonatal course on artificial feeding.

COMMENT

We know of no reported case of pregnancy near term complicated by ascending poliomyelitis and respiratory paralysis. Therefore, the management of the case presented a number of rather interesting problems. The mother's condition was so poor that prognosis was bad, and it seemed that a postmortem section might be the only measure that could yield a viable infant. As the patient rallied in the respirator, it then became a matter of terminating the premature labor with the least harm to the mother and baby. Had a properly functioning chest respirator been available, our problem would have been greatly simplified. Picture the difficulty that would have ensued had forceps been required, and low spinal or presacral anesthesia needed for proper relaxation. The question of the anesthetic arose, and, after discussion, it was decided that nothing be used except a small dose of sodium phenobarbital, given hypodermically.

In order to conserve the patient's strength, and because it seemed evident that the abdominal muscles were not functioning sufficiently to aid in

the expulsion of the fetus, it was decided that if forceps were necessary they should be applied in the low or mid-positions. Fortunately, a normal delivery occurred, primarily by uterine effort.

RESPIRATOR HAZARDS

The greatest hazard encountered was that of maintaining the mother's breathing during delivery, for which reason repair of the laceration was not attempted. Such repair is impossible in the chamber type of respirator which encases the entire body. It would have been possible in a chest respirator, provided it were not the type that extends to the hips and covers the entire abdomen.

On a number of occasions in the past we have attempted to use the chest respirator, but in each instance those available have been unsatisfactory, for the reason that they cannot be made to fit the average patient properly, despite the various sizes offered. Furthermore, they exert too much positive pressure as well as negative pressure (thereby quickly fatiguing the patient), and are practically impossible to regulate and so definitely increase the danger of traumatic emphysema and rupture of the lungs.

SUGGESTIONS

It has been our feeling that rather than girdling the chest and abdomen to the level of the iliac crests, the portable chest respirator should be a bivalve affair so fashioned that it may be slipped over the patient's head, covering the shoulders and extending down to the level of the diaphragm. It could be closed by a zipper attachment on each side, and by incorporating an "accordion pleating" effect it could be made to fit the average patient successfully. In this way, even with the enlarged abdomen of pregnancy, a proper fit could be established. The matter of correct pressure regulation is purely mechanical and should be easily overcome. We have just received a newly developed aluminum respirator which, for the most part, embodies these criteria, but as yet have not had the opportunity to evaluate its advantages or shortcomings.

The respirator room, sufficient in size for four patients, such as the one at the Boston Children's Hospital, or the single patient apparatus described by Ewald,¹ would, to a large measure, obviate the need for a portable respirator. However, the expense of installation and maintenance of such equipment, and the still difficult administration of proper nursing care, are two disadvantages which continue to make the portable respirator more desirable.

A properly developed chest respirator would be ideal for patients whose respiratory function is disturbed, not only in such instances as described, but for the decided ease of nursing care and personal comfort of any individual so afflicted as to require long-continued artificial respiration.

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CLINICAL NOTES AND CASE REPORTS

INSULIN TREATMENT IN NONDIABETIC DISTURBANCES*

By OTTO R. WALLERSTEIN, M. D.
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THE original use of insulin in the treatment of diabetes mellitus has been extended more and more by some other indications. There is a well-established administration of insulin in the form of shock therapy in the field of psychiatry. Besides, the scope of this summary does not include the treatment of the newborn and infant with insulin, which has become very popular among pediatricians. Furthermore, I want to omit the local treatment with insulin in dermatology, where good results are reported in the administration of insulin on torpid ulcers and skin lesions. The main indication in internal medicine for the administration of insulin in nondiabetic cases is constitutional or acquired leanness.

Sometimes we deal with the simple status hypoplasticus. The inherited deficiency is characterized by symptoms as low-back pain, dysmenorrhea, sterility, habitual abortions. Leanness may be the result of: inadequate food intake; physical overexertion, as everyone knows from his own experience that, being overtired, he loses his appetite, probably due to a reduced secretion of the gastric juice; mechanical obstruction of the gastrointestinal tract; diseases of the gastro-intestinal tract, as gastritis, peptic ulcer, colitis; acute and chronic infectious diseases; malignancy; advanced arteriosclerosis, from a disturbed circulation in the splanchnic area or due to an impaired nutrition of the cellular structure; endocrine disturbances, as Graves's disease, diabetes, Addison's disease, Simmond's pituitary cachexia; and mental disturbances.

Fundamentally, the loss of weight is the result of an impaired balance between food intake and oxidation. Usually there is a reduction of fat and protein, but the ratio of the loss of fat to the loss of protein may be different. In some cases only the fat deposits disappear, whereas the protein remains unchanged. The classical example is lipodystrophia progressiva. In diabetes and Simmond's disease the loss of protein is preponderant. The daily experience proves that fattening with high-fat and high-protein diet is very difficult, that carbohydrates are essential. The carbohydrate effect is protein economizing, the specific dynamic action of protein is reduced. A perfect insular organ is essential to have an efficient carbohydrate intake, and increased activity of the insular cells initiate a better and faster assimilation of carbohydrates. Insulin increases the craving of the cells for sugar, the cells are able to take more sugar out of the blood and to retain it. The result is increased appetite. It might be presumed that in cases of primary

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anorexia or status hypoplasticus the insular organ produces enough insulin to prevent hypoglycemia, but not sufficient to secure the normal rate of resorption and assimilation of the food. In these cases insulin treatment is the therapy of choice.

FUNCTIONS OF INSULIN

The following functions may be attributed to insulin:

1. Acceleration of glucose oxidation in the tissues;
2. Increase of the rate at which glucose is converted into glycogen in the muscles or other tissues;
3. Inhibition of carbohydrate formation from noncarbohydrate sources; and
4. Prevention of ketone bodies formation.

The initial dose is 10 units a day, increased by 10 units daily until a dose of 40 to 50 units has been reached. It is advisable to give, frequently, orange juice and crackers between meals, especially late at bed time, in order not to be surprised by hypoglycemic shock.

SPECIAL INDICATIONS

An indication for application of insulin in the treatment of pulmonary tuberculosis is given to change the stage of undernutrition and lowered resistance. The complete loss of appetite is one of the most dangerous symptoms in tuberculosis. Unfortunately, we have to deal very often with a marked hypersensitiveness against insulin. Therefore, we start with small initial doses and alternate with glucose intravenously. Only chronic, inactive cases should be selected to prevent the danger of hemoptysis. In chronic, inactive cases which did not respond to climato- and physiotherapy, a marked improvement with insulin treatment has been reported.

An important progress in the treatment of catarrhal icterus and liver diseases is the insulin therapy. The essential point is the filling of the liver cells with glycogen. The lack of glycogen is the first sign of liver damage. In the fasting animal the liver is essential for the maintenance of a proper level of glucose in the blood. It has been found that during fasting the concentration of glucose in the hepatic vein is higher than in the portal vein, indicating that the liver liberates glucose from its glycogen stores. Insulin inhibits the breakdown of liver glycogen to glucose. In acute yellow atrophy, which is considered as an advanced stage of catarrhal jaundice, the treatment with insulin is indicated. It is important to know that the periadinous form and the cases with obstruction of the papilla Vateri do not respond to insulin treatment, a fact which is valuable in differential diagnosis.

Since we know that toxemias of pregnancy are due to alteration of the liver cells, the theoretic basis for insulin administration is given. Before interruption of the pregnancy a combined treatment of insulin and glucose should be tried. Anyway this treatment is superior to the application of narcotics. The treatment with narcotics is only symptomatic and produces finally a damage to

those organs which are already involved in the pathology of toxemias of pregnancy.

The action of insulin to regulate the carbohydrate metabolism is important for the treatment of the avitaminoses. There are reports of cases of beriberi in the convulsive stage cured by the repeated injection of insulin. Also pellagra is markedly influenced by insulin administration. In both forms of sprue excellent results of insulin treatment are reported.

The antagonistic action of insulin in regard to adrenalin requires insulin treatment in all cases of hyperadrenalinism.

The amount of insulin is primarily not responsible for the gravity of the hypoglycemic shock, but the adrenalin formation which is supposed to regulate the lowering of the blood sugar. The most striking result of insulin administration in nondiabetic patients is leukocytosis with relative lymphocytosis. This is due to the action of adrenalin, which regulates by way of the sympathetico-adrenal system. In Addison's disease we do not find the leukocytosis after insulin injection unless a treatment with cortex extract has been started. The hypoglycemia in adrenal insufficiency is due to the deficient adrenal secretion and the consequently unopposed action of insulin liberated in response to carbohydrate intake.

Occasionally insulin medication is indicated in atony of the stomach. Insulin produces hypoglycemia, which stimulates the autonomic center. From there the vagus receives the impulse for the gastric motility. It has been proved that the excitatory effect of insulin medication is missed, if by abundant glucose administration the hypoglycemic effect is inhibited.

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HIPPOCRATES' APHORISMS*

By MOSES SCHOLTZ, M. D.
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SECTION FOUR (Continued)

74. An abscess forming in a joint
Dissolves when copious urine flows,
Both thick and white, as in some quartan
fevers,
Or it clears up with a bleeding of the nose.
75. If the urine
Shows blood and pus,
The kidney or bladder
Is ulcerous.
76. When hair-like clots
Are with urine cast,
They are surely
By the kidneys passed.
77. When in a thick and turbid urine
Bran-like particles appear,
Inflammation of the bladder
One should well suspect and fear.

* For other aphorisms, see CALIFORNIA AND WESTERN MEDICINE, March 1940, page 125; April 1940, page 179; May 1940, page 231; July 1940, page 35; August 1940, page 85; September 1940, page 130; December 1940, page 272; January, 1941, page 27; February, 1941, page 82.

78. In a sudden spurt of bloody urine
One should entertain
The thought that it is due to rupture
Of a renal vein.

79. Sandy sediment,
In urine shown,
Clearly points
To a bladder-stone.

80. If blood and clots are being passed in urine,
With hypogastric and perineal pain
And strangury, the urinary tract
Is the infected and diseased terrain.

81. If a patient passes
Blood, scales and pus
In heavy, smelling urine,
His bladder's ulcerous.

82. If tubercles in the urethra
Suppurate and break,
It often brings relief
And ends distress and ache.

83. When copious urine
Is passed by the sick,
Alvine excreta
Are scant and thick.

SECTION FIVE

1. A spasm from taking
Hellebore,
Leads the way
To death's door.

2. A muscle-spasm
From a wound,
Sends the patient
Underground.

3. Spasm or hiccup, following
A copious hemorrhage,
Indicates that the disease
Has reached a dangerous stage.

4. A spasm or hiccup
After a strong purge,
Is oft a sign
Of stress and urge.

5. A drunkard who suddenly loses his speech
Is apt to die convulsed, unless
A fever comes, and he recovers
From the effects of his excess.

6. A person seized with tetanus
Dies mostly in four days.
If he survives this fatal date,
Restored to health he stays.

7. If epilepsy has a start
At puberty or prior to,
A cure may come; but with a later start,
The fatal end may well ensue.

8. Inflammation of the pleura
That does not seem to mend
Within the course of fourteen days,
In empyema is apt to end.

9. The age, when phthisis
Tends to arrive,
Is from eighteen
To thirty-five.

10. If in the sick, surviving a spell of quinsy,
The lungs become affected,
They mostly die within a week;
If not, the pleura-pus's to be expected.

11. If phthisic's sputum, when poured on coals,
Has a heavy disagreeable smell;
And, if the hair falls from his head,
It does his early death foretell.

12. A consumptive who loses
The hair from his head,
And has had diarrhea,
Soon will be dead.

13. If frothy blood
Comes up with cough,
It's the lungs
That cast the stuff.

14. A diarrhea in a consumptive
Of mortal end is quite presumptive.

15. If pleurisy is followed by empyema,
And if, in forty days, the sick is well again,
He may escape the scourge;
If not, the phthisis-germs sweep the terrain.

16. Heat used too much may cause
The muscles weaken and nerve paralyze;
It may induce faints, bleeding, dullness
And a premature demise.

17. Cold may cause convulsions,
Fever, chills,
Gangrene and tetanus;
At times it kills.

18. Cold is hostile to the bones,
To teeth, to nerves, to brain,
And to the spinal marrow,
While heat helps health to gain.

19. Parts that are frozen
Should be treated with heat,
Unless one meets bleeding
Or expects it to meet.

20. Cold causes pain without an abscess;
It contracts ulcers and hardens skin,
Brings on tetanus, convulsions;
Withal oft fever-chills are seen.

21. If a sturdy youth, who has no wound,
Is seized with spasms in summer heat,
Heavy affusions of cold water
This peril often fully meet.

22. If heat brings out pus in a sore,
This sore need not cause grief or dread;
Heat thins and softens skin, checks pains and
chills,
Fits, tetanus and dullness of the head.

22a. Heat helps to heal the bone fractures,
Frost-sores, gangrenes and wounds,
And herpes of the private parts
While cold in dangers and ill turns abounds.

BEDSIDE MEDICINE FOR BEDSIDE DOCTORS

An Open Forum for brief discussions of the workaday problems of the bedside doctor.

DIET DEFICIENCIES

I. SYMPTOMS AND DIAGNOSIS

DWIGHT L. WILBUR, M. D. (490 Post Street, San Francisco).—Conscientious physicians continually are on the lookout for vitamin deficiency states among patients who come to them for medical care. Lay persons, as well as physicians, have become so vitamin-conscious in recent years that there is widespread knowledge of the need of man for these essential dietary substances, and of the effects of deficiency of them in the diet. Indeed, the concept that disease may be due to deficiency of vitamins has been so universally accepted that our clinical interest must now turn to means of recognizing and treating vitamin deficiency states, as well as to a study of conditions which lead to development of them.

The difficulties involved in the recognition of states of marked deficiency of vitamins and of some cases of moderate deficiency, including pellagra, peripheral neuritis of alcoholism, scurvy, and beriberi, are not great. However, recognition of mild states of vitamin deficiency may be very difficult if not impossible. This is to be accounted for by the fact that vitamin deficiency states usually are multiple, that the clinical symptoms they produce may be very vague and indefinite, and that many of the early symptoms are not characteristic of these conditions alone, but accompany many other diseases. In commenting on these conditions, Minot states that a sense of fatigue or lack of energy, inefficiency and mental irritability, mild anemia, simple disorders of the digestive tract and symptoms and signs referable to faulty growth and to the nervous, blood forming and reproductive systems and the skin, have been considered early general symptoms of nutritional deficiency. The reason for the very widespread character of the early symptoms of vitamin deficiency becomes clear when it is appreciated that the vitamins are essential for the normal function of almost all tissues and organs.

It is obvious that a diagnosis of a state of vitamin deficiency cannot be made on the basis of the symptoms and findings noted above. In fact, little more than a suspicion of the condition can be stimulated by the presence of them. The next logical steps in establishing the diagnosis are to search for symptoms which are specifically those of deficiency of one or more of the vitamins, to determine the character of the previous diet of the patient, to demonstrate abnormalities in physical examination which aid in confirming the diagnosis and, finally, to establish the diagnosis with the aid of certain laboratory and other procedures which are of diagnostic value, as well as to observe the response of the patient to therapy with a single vitamin.

Vitamin A Deficiency.

The most readily appreciated symptoms of vitamin A deficiency have to do with changes in the eyes and consist principally of night blindness or inability to see clearly in dusky light. This condition usually is manifested by difficulty or inability of the patient to adapt his vision to faint illumination, although during the daytime or in bright light he may see perfectly. Photophobia and conjunctival irritation, dryness or blepharitis which cannot otherwise be explained, may be manifestations of deficiency of vitamin A. The most common cutaneous manifestation of vitamin A deficiency is a red papular eruption resembling gooseflesh, and involving the skin of the extensor surfaces of the thighs and arms, and later of the shoulders and other areas.

Vitamin A has been called the anti-infective vitamin, but it has not been shown to be specific in the prevention of colds, influenza and such infections. Hope that deficiency of vitamin A might be responsible for the development of stones in the urinary tract of man has not been adequately supported.

The simplest method by which the general practitioner may confirm his suspicion of vitamin A deficiency is the therapeutic test. Administered in doses of 25,000 to 75,000 U. S. P. units daily to patients suspected of having vitamin A deficiency, the symptoms or signs should disappear within a few days, or at least a few weeks if they are due to deficiency of the vitamin. There is still much difference of opinion as to the value of the biophotometer as an objective measure of night blindness and vitamin A deficiency. The theoretical value of the method is sound—the faults seem to be in the technique of the test as it usually is performed. Considerable revision will be required before the most satisfactory method of performing the test is established.

Vitamin B.

Deficiencies of components of the vitamin B complex are almost always multiple, and symptoms which are found in a patient with deficiency of this complex vary widely, depending on which of the components has been most deficient in the diet.

It is well known that deficiency of vitamin B₁ or thiamin, leads principally to peripheral neuritis—so-called alcoholic and similar types or peripheral neuritis. The early symptoms of this condition are usually burning, numbness and weakness of the feet or legs, and occasionally of the arms. Williams and Spies have called attention to prodromal symptoms, such as loss of appetite, weight and strength, muscle cramps, diarrhea, abdominal pain, palpitation, edema, burning sensations in

various parts of the body, vertigo, irritability, distractibility, apprehension, and forgetfulness. In fact, many of these patients have been described as neurasthenic. The effect of thiamin deficiency on the circulation is to produce the clinical syndrome of beriberi heart. There is no group of symptoms which is characteristic of this condition. In fact, dyspnea and palpation on exertion, tachycardia, and edema are the most commonly observed features. Lack of appetite is the outstanding gastro-intestinal manifestation of this type of deficiency.

Deficiency of *nicotinic acid* leads to the development of pellagra, although this substance apparently is not the only pellagra-preventive factor. The early symptoms of pellagra are extremely variable, and they may be very vague and difficult to recognize. The three D's—diarrhea, dementia, and dermatitis—are the time-honored symptoms of this disease, but in the early stages some of them may be minimal or absent.

Riboflavin and Vitamin B₆ have only recently been demonstrated to be effective therapeutically in man. Symptoms relieved by administration of riboflavin and, therefore, presumably due to deficiency of this substance, include cracking of the corners of the mouth and a scaly, slightly greasy desquamation of seborrheic appearance involving the nose, the ears or malar prominences. The rôle of vitamin B₆ is less clear, but it is reported to be effective in relieving nervousness, irritability, abdominal discomfort and weakness in patients with pellagra. Whether other symptoms also may be evidence of deficiency of vitamin B₆ is not known at present.

The diagnosis of states of vitamin B deficiency rests largely on clinical grounds. Methods for establishing the vitamin B₁, or thiamin content of the blood and urine, although widely reported have not as yet reached the point of being sufficiently accurate and satisfactory for routine clinical use. The same may be said of tests for the other components of the complex. Consequently, the diagnosis rests principally on the occurrence of the above-noted symptoms in a chronic alcoholic, or in patients who, for long periods of time, have been on a limited diet (economic ne'er-do-wells, faddists, etc.) and on the prompt relief of the symptoms following administration of effective doses of the whole vitamin B complex, which may be supplemented with thiamin, nicotinic acid, riboflavin or vitamin B₆.

Vitamin C.

The usual manifestation of deficiency of vitamin C is scurvy, and the most characteristic symptoms are those associated with hemorrhagic phenomena. Fleeting pains in the extremities commonly are an early symptom of the disease, as are also such non-specific symptoms as fatigue, loss of weight and strength, anorexia, weakness, dizziness, nausea, dyspnea, easy bruising, and many others. Probably the most common early manifestations of this condition in adults are subcutaneous petechial

hemorrhages, swollen and bleeding gums, and painful bones or joints. It is unlikely that hemorrhagic phenomena associated with blood dyscrasias, with purpuric diseases of other types and with gastro-intestinal and genito-urinary diseases, are due to deficiency of the vitamin even though the values for vitamin C in the plasma are less than the normal in such cases. Persons most likely to have deficiency of this vitamin are those with long-standing infections, those who have been on limited diets because of gastro-intestinal or other diseases, and those who are unable to eat fresh foods.

The diagnosis of vitamin C deficiency may be established with the aid of various objective laboratory procedures more readily than can that of other types of vitamin deficiency. Of the various methods the capillary resistance test is the one most easily performed in the physician's office. However, tests of capillary fragility or resistance are not specific for vitamin C deficiency and may be positive in a variety of conditions. A patient who presents symptoms and signs suggestive of latent scurvy and who has a positive capillary resistance test may be strongly suspected of having the disease. However, further evidence is needed to substantiate this suspicion. The simplest methods of accomplishing this confirmation is to determine the values for vitamin C in the blood plasma in the fasting patient. This test has the approximate value of a single determination of the fasting blood sugar, normal values being 0.7 to 1.3 milligram per cent. The other simple method of confirming the diagnosis is by means of a therapeutic test. Doses of vitamin C in the neighborhood of 200 to 1000 milligrams a day by mouth should produce a rapid disappearance of symptoms and a return to normal of the capillary resistance test, if vitamin C deficiency has been present.

Vitamin D.

Deficiency of vitamin D rarely is encountered in adults and discussion of it will, therefore, be omitted.

Vitamin K.

Vitamin K has risen to clinical interest because of observations that a deficiency of this substance may be related to bleeding in patients with jaundice and possibly with hemorrhagic disease of the newborn. The outstanding symptom of vitamin K deficiency is bleeding, but it must be emphasized that most types of bleeding, such as those of blood dyscrasias, postoperative bleeding, and so forth, are not due to vitamin K deficiency.

The diagnosis of vitamin K deficiency at present depends on two factors in addition to the clinical phenomena of bleeding. These factors are a low value for prothrombin in the blood and a rapid therapeutic response following administration of vitamin K. The determination of the prothrombin value of the blood may be accomplished by Quick's or by Smith's methods. These methods are qualitative rather than quantitative, give rough but satisfactory estimates which are of clinical value, and

any good clinical laboratory should be capable of performing them. The dose of vitamin K to be used as a therapeutic test is one or two milligrams of one of several synthetic preparations having vitamin K activity. These substances may be administered orally or parenterally, and the dose repeated at one or two hourly intervals, for several doses if needed. Oral administration is used principally for those patients with hepatic diseases, with or without jaundice, for whom operation is contemplated. Parenteral administration is used principally for those patients deeply jaundiced, who are poor risks, those who are bleeding on first observation, and those in whom rapid therapeutic result is desired.

* * *

II. TREATMENT

LOVELL LANGSTROTH, M. D. (516 Sutter Street, San Francisco).—For us in California the treatment of the frank deficiency diseases is mostly a matter of academic interest, because our dietary contains a sufficient amount of the different vitamins to prevent them. When they do appear it is usually because of dieting, because of chronic alcoholism, or because of chronic gastro-intestinal disease. On the other hand, we undoubtedly see many patients with vague complaints which are due to dietary deficiency, borderline cases. Since there are no simple precise laboratory tests which distinguish the borderline from the normal cases, it is worth while to go over the dietary history of these cases in some detail, for this may reveal an insufficient intake of vitamin-containing food. Even when the dietary history reveals no such lack we cannot be sure that a greater intake will not relieve the symptoms, for there is a considerable individual variation in the vitamin requirement.

In this brief outline of the treatment of the deficiency diseases I should like to emphasize (1) the treatment of these frequently encountered borderline cases instead of the rarer though more interesting and more easily diagnosed frank deficiency diseases and (2) that protective food is the best basis for all vitamin therapy, particularly in the borderline cases, though it is often well to reinforce it with vitamin concentrates. In connection with this second point, I should like to suggest that our knowledge of the vitamins is probably far from complete; the next twenty years of research in this field may well show that what the biochemist calls "protective" foods contain many substances not now listed as vitamins, but none the less necessary for healthy functioning of human tissues.

The borderline cases that I have seen have presented symptoms in the gastro-intestinal tract (indigestion), in the muscles and joints (aches and pains), in the circulatory system, or in the nervous system (restlessness, sleeplessness, twitching, etc.), or in a combination of these.

When the symptoms involve the digestive tract and ulceration or diarrhea is present, one has to remember that high vitamin diet is made up to contain large amounts of vegetables, salads, fruits and citrus fruit juices, and that their cellulose content

may make these foods mechanically unsuitable. In such a case the following liquid diet may be given:

6 ounces of certified milk, 2 ounces of 20 per cent cream, 1 raw egg, every two hours from 7 a. m. to 9 p. m.

3 ounces of orange juice, every two hours from 8 a. m. to 8 p. m.

1 ounce of wheat germ or of brewer's yeast three times daily.

The vitamin content of this diet is approximately as follows:

A, 20,180 international units.

B₁, 1,453 international units.

C, 3,500 international units.

G, 1,160 Sherman-Bourquin units.

If the symptoms are ameliorated or disappear, one may change to a more acceptable, higher residue diet by substituting meat for some of the eggs, and gradually adding vegetables (puréed at first) and fruits (cooked at first).

But the large majority of food deficiency cases with symptoms of indigestion where definite organic or psychic disease can be ruled out, can be successfully treated by the immediate institution of the following high-vitamin diet:

Breakfast: Glass of orange juice, 2 eggs, 1 pat of butter, 1 serving of fresh fruit, 1 glass of certified milk, 1 ounce of wheat germ (which can be easily taken as a cereal).

Luncheon: Salad of one-third head of lettuce, any raw fruit or vegetable and any dressing, 2 freshly cooked vegetables, 1 glass of certified milk, 1 serving of fresh fruit, 1 glass of orange juice, 1 pat of butter, 1 ounce of wheat germ.

Dinner: One serving of meat, salad and two vegetables as at noon, 2 pats of butter, 1 glass of certified milk, 1 serving of fresh fruit, 1 glass of orange juice, 1 ounce of wheat germ.

The vitamin content of this diet is as follows:

A, 16,606 international units.

B, 1,655 international units.

C, 6,458 international units.

G, 793 Sherman-Bourquin units.

Most of these patients are accustomed to eat a good deal of bread, cereal, or sugar. I withdraw all of it in the beginning; first, because the patient gets hungrier, eats the protective foods with greater avidity and in greater quantity, and does better clinically without the concentrated carbohydrate foods like starch and sugar, and, second, because it has been shown that these foods require a relatively large amount of vitamin B₁ for their proper utilization.

When symptoms have completely disappeared, it is often possible in younger patients particularly to allow small amounts of concentrated carbohydrates in the form of potato, whole-wheat bread, or sugar. But when the patient is middle-aged or older, he generally does better if he permanently abstains from these foods. It has seemed to me that after the patient has once developed this type of borderline deficiency disease, he is never again able to use concentrated carbohydrate food liberally.

In the treatment of the outspoken deficiency diseases, one may give the high vitamin diet already

outlined and reinforce it when necessary with vitamin concentrates or synthetic vitamins.

Vitamin A Deficiency.

The diet suggested will provide over 16,000 international units of vitamin A, which is more than the supposed daily optimum of from 6,000 to 10,000 units. But this diet may be supplemented, if desired, by cod-liver or halibut-liver oil in amounts sufficient to make up a total intake of 25,000 units daily. Toxic effects have been described in animals from overdosage with fish-liver oils. It is not as yet determined whether the use of the biophotometer is a reliable index of subclinical vitamin A deficiency, and whether its use should govern dosage with vitamin A.

Vitamin B₁ Deficiency.

The polyneuritis due to vitamin B₁ deficiency may be relieved in from a few weeks to months, depending on the amount of nerve degeneration. The high-vitamin diet and wheat germ may be supplemented by from 10 to 40 milligrams of thiamin chlorid given daily for a few days, but the expense connected with its prolonged administration is prohibitive.

In cases of beriberi heart one of the high-vitamin diets may be given as outlined or modified as circumstances require. In addition, 10 to 40 milligrams of thiamin chlorid may be injected intravenously or intramuscularly. The rapid disappearance of the extensive edema and cardiac enlargement associated with true beriberi heart are almost miraculous. The usual cardiac drugs do not seem to be effective in beriberi heart.

Pellagra.

This disease has been shown to be connected with deficiency of one of the factors of the B complex known as nicotinic acid. In California it is usually seen in alcoholics and presents as its characteristic features the typical dermatitis and stomatitis. The dementia and diarrhea are rarely seen here. The latter, if existing, may present special difficulties in treatment because it tends to prevent proper absorption of food and vitamins. The bland high-vitamin diet with wheat germ already given is one suitable for cases of this nature. It should be supplemented by nicotinic acid in daily doses of 500 to 1,000 milligrams. In addition, thiamin chlorid in doses of 25 to 75 milligrams, or dilute liver extract in doses of 25 to 75 cubic centimeters daily may be given for a few days. The response to treatment is usually prompt.

Vitamin C deficiency.

A diet containing even quite small amounts of fresh fruits and vegetables seems adequate to prevent scurvy. When it occurs the high-vitamin diet should be instituted and, if extensive hemorrhage is present, reinforced with synthetic crystalline vitamin C in doses of 50 to 200 milligrams by mouth or intravenously.

Vitamin D. Deficiency.

Rickets may be prevented and cured by seeing that the infant has sufficient dietary calcium, phosphorus, and vitamin D. The first two are provided by a proper intake of milk. The latter, vitamin D, is usually added in the form of cod-liver oil or viosterol, but may be provided by irradiating the skin. For prevention the dose of cod-liver oil is two teaspoonfuls daily, of viosterol five drops daily. For treatment a daily dose of twenty drops of viosterol is suitable. Complete recovery is sometimes delayed for as long as six months.

* * *

III. RELATION TO COLITIS

JOHN V. BARROW, M. D. (1930 Wilshire Boulevard, Los Angeles).—Investigation of the disorders of the thyroid gland in 1914 led McCarrison¹ into his studies of "deficiency disease." His culminating work was published in a memorable volume in 1921, and since his book was written much has been learned about the nature and importance of vitamins. Nevertheless, it points the way to a substantial understanding of the etiology of diseases developing on dietary deficiencies. Upon such a foundation rests the etiologic structure of the general term "colitis." The above approach at once rules out many of those colon states due to known infections, injuries, and abuses. At once we face the problem of chronic colitis as related to a vitamin, endocrine, or nutritional background.

The deficiency feeding experiments were carried on chiefly with pigeons, monkeys, and guinea pigs. The dietaries consisted of autoclaved rice and other autoclaved foods with butter. One of McCarrison's early conclusions will add brevity and clarity to this paper:

More perfect balance of the food, with respect to proteins, carbohydrates and fats, delayed markedly the onset of symptoms, whereas disproportionate richness of the food in carbohydrates and fats hastened it. Indeed, if the food be balanced with due regard to the biological value of the proteins, carbohydrates, fats, and salts, it is hardly conceivable that deficiency disease could arise outside the laboratory.

We pass the development of polyneuritis in the animals and note the ready attack of infection. It was noted that monkeys on deficient food developed dysentery, and often exhibited active *Ameba histolytica* in their stools. The well-fed control animals did not have dysentery, although cysts of the *Ameba histolytica* were often present. Anemia and ashenia came along with the disordered function of the nerve cells. The symptomatic effects of a dietary wholly devoid of vitamins, deficient in suitable proteins, fats, and salts, and excessively rich in starches, were: loss of appetite, diarrhea, anemia, loss of weight, low temperature, slow respiration, a general depression of bodily health, marked tendency to hydropericardium, evidence of edema, malnutrition, and nervous disorders.

The morbid anatomy, apart from generalized atrophy, showed: enlargement of the adrenals,

¹ Studies in Deficiency Disease, by Robert McCarrison. Oxford Medical Publications. 1921.

a band of edema replacing the band of fat at the auriculoventricular junction, and pronounced changes in the pancreas. There was a decrease in the size of the thymus, testicles, spleen, ovary, pancreas, heart, thyroid, liver, stomach, kidneys, pituitary and intestines.

"The histopathology found in these deficiency cases makes clear the connection I wish to establish later. In 70 per cent, the following changes were noted: congestion and hemorrhage about the muscularis mucosae and glandular crypts of Lieber Kuhn, penetrating down to and rupturing the longitudinal muscular fibers. There was degeneration of the myenteric plexus of Auerbach; atrophy or disappearance of the villi; atrophy of the glandular cells; disappearance of the lymphoid cells; more fibroblasts; increased leukocytes; bacterial invasion and necrotic changes. The mucous membrane may be so destroyed, and the changes in the bowel so pronounced, as to render recovery impossible."

What more perfect setting could be produced for the engrafting of the perplexing entity of idiopathic, ulcerative colitis, or much of the colitides today, so baffling in their etiology. But how are we to find such a setting of a vitamin deficiency for our nonexperimental colitis in human beings? The answer is not hard. The patient is seized with an attack of the all too common bacillary dysentery, amebic dysentery, or other acute infections producing marked and rather prolonged symptoms. At once the dietary is reduced to liquids practically devoid of all vitamins, and certainly greatly deficient in minerals and calories. There is no balance of proteins to the body economy. The diet is essentially a mass of autoclaved carbohydrates and emulsified fats. This deficiency diet, on account of symptoms, is maintained for days, weeks, and even months. The vegetables and colored fruits (vitamin A) are not tolerated. Germinal grains, yeast, nuts, dried fruits, liver, etc. (vitamin B), increase the dysentery or diarrhea. Fruit juices, fresh fruits, raw cabbage, etc. (vitamin C), are out of the question, because the patient is already glued to the commode. Vitamin D is seldom ever adequately supplied even in the usual well-balanced diet. Egg-yolks, butter, and beef liver can hardly be taken in sufficient quantity by one who has a normal appetite; not to mention the patient who has practically a distaste now for all food. Vitamin E can usually be dispensed with for most colitis patients. Vitamin K, for coagulation, is greatly needed, but few dysenteric deficiency patients can be expected to consume alfalfa-leaf meal, hog liver, hempseed, cabbage, spinach, tomatoes and such. Obviously the patient is soon to suffer not only from his initial infection, but also from inanition, avitaminosis, lack and loss of minerals and toxic absorption added.

The tendency to ready relapse bears evidence of deficient repair, in some instances never to approach the normal structure again, but always sensitive to old and new factors of destruction. A vicious circle is established by the excretory function of the colon and its continual need for nutrition. Injury lurks in the rough food bulk,

and in the irritating excretions of the stomach, liver, pancreas, and bowels, as well as in toxins, chemicals, and infectious organisms. Harsh treatment, so often instituted, becomes a perennial etiologic factor. Voluminous colonic flushings, with irritating substances, make the condition worse. Likewise, strenuous courses of drugs often do more harm than good. To return to health is to retrace the steps of injury and let no new step be trodden harshly.

Phenobarbital Should be Given First in Small Doses. Physicians Warn.—Because of the potential danger of phenobarbital medication, Doctors Daniel J. Sexton, George M. Pike, and Arthur Nielson of St. Louis declare in *The Journal of the American Medical Association* for February 22: "It would seem advisable to administer the drug first in small doses, increasing the dosage gradually until the patient's tolerance is established.

"Withdrawal of the drug at the first appearance of the rash is the safest procedure. Even then a severe constitutional (bodily) reaction may occur, but for the most part a fatal outcome will be averted. The tolerance of phenobarbital depends on individual susceptibility."

The authors say they are presenting their report of a fatal case because of the few autopsy records available on this subject. The poisonous effects of phenobarbital for the most part are limited to a skin eruption which subsides soon after the withdrawal of the drug, they state. In an occasional case a severe reaction of the body as a whole occurs in which exfoliative dermatitis (inflammation of the skin with shedding in patches) is one of the manifestations.

Bronchopneumonia has been reported in the majority of autopsy studies, but otherwise the conditions found are inconstant.

The authors' patient was a 39-year-old man who was admitted to the hospital with complaints of stomach pain and vomiting of three months' duration. He had had indigestion with belching and pain after meals for many years in varying degrees of severity, but this became so severe in the two weeks prior to entrance to the hospital that he retained practically no food. He stated that he had not taken any medication or drugs before entrance.

A diagnosis of peptic ulcer (an ulcer on the mucous membrane of the stomach or first portion of the small intestine) was made. Because of vomiting, phenobarbital in solution was given beneath the skin three times daily, and atropin sulfate was also given. The patient did very well on this regimen. On the eighth hospital day, soluble phenobarbital and atropin were omitted and regular phenobarbital was given three times a day by mouth.

Improvement continued until the twelfth hospital day, when the patient complained of a feeling of general discomfort and the previously normal temperature rose to 103 degrees Fahrenheit. At this time he had no specific complaints and no eruption. On the following morning the temperature was 104 degrees Fahrenheit and the patient complained of sore throat and difficulty in swallowing. The skin was covered with a generalized eruption, consisting of red spotted lesions.

Phenobarbital was immediately discontinued. However, within twenty-four hours the lesions of the skin progressed so rapidly that in many places they merged and involved large areas of the skin, which soon began to shed. The patient was semiconscious until his death three days after the appearance of the eruption. Postmortem examination revealed involvement of the lobes of the lungs.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

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HENRY S. ROGERS.....	President-Elect
LOWELL S. GOIN.....	Speaker
PHILIP K. GILMAN.....	Council Chairman
GEORGE H. KRESS.....	Secretary and Editor

INDEX

1. *Annual Conference: State Association Officers and County Society Secretaries.*
2. *California Committee on Medical Preparedness.*
3. *Committee on Public Policy and Legislation.*
4. *Committee on Postgraduate Activities.*
5. *Committee on Public Health Education.*
6. *C. M. A. Cancer Commission.*
7. *Committee on Scientific Work.*
8. *Committee on Health and Public Instruction.*
9. *County Societies:*
Changes in Membership.
In Memoriam.
10. *Woman's Auxiliary.*
11. *California Physicians' Service.*
12. *California Tuberculosis Association.*

ANNUAL CONFERENCE: STATE ASSOCIATION OFFICERS AND COUNTY SOCIETY SECRETARIES

On Saturday, February 22, in the Empire and French rooms of the Sir Francis Drake Hotel in San Francisco, an all-day conference of officers and members of the standing committees of the California Medical Association with secretaries of component county medical societies, was held.

Members of standing committees held informal conferences from the hour of 9 to 10 a. m. At ten o'clock, Dr. Harry H. Wilson of Los Angeles, president of the California Medical Association, called the conference to order. Following President Wilson's introductory remarks, Dr. Ray Lyman Wilbur, president of Stanford University, was called on. Doctor Wilbur briefly outlined some present-day activities, indicating lines along which practice of medicine was perhaps working out a new course.

The reports and discussions were replete with informative and important data which the county society secretaries who were present will communicate to their respective constituencies.

Among major thoughts that were emphasized could be mentioned the following:

President Wilbur's emphasis of the necessity of recognizing the importance of the medical profession being prepared, and of anticipating some of the demands which will no doubt be made upon it by governmental and other bodies.

† For complete roster of officers, see advertising pages 2, 4, and 6.

Chairman of the California Committee on Medical Preparedness Gilman's presentation of the present status and future indications concerning medical preparedness, in which the views expressed by him were emphasized by Dr. Charles A. Dukes, member of the National Committee on Medical Preparedness, and the military representatives who spoke on associated subjects.

The report of Albert E. Larsen, Medical Director of California Physicians' Service, in which the progress thus far made was outlined and the hopes of future progress in connection with enabling legislation and other matters, were indicated.

Dr. Frank R. Makinson's report as Chairman of the Committee on Public Health Education (special assessment committee) in which the work thus far accomplished and future plans were discussed.

The detailed report of the California Medical Association Committee on Public Policy and Legislation made by Chairman Dwight H. Murray, and the comments thereon by Mr. Ben Read, Executive Secretary of the Public Health League of California.

The Basic Science report made by the Chairman of the Committee on Public Relations to Dr. Donald Cass.

Luncheon was served during the noon hour. In the afternoon session, excellent progress reports were made on behalf of the State Board of Public Health by Charles E. Smith of Stanford, and for the California State Board of Medical Examiners by Secretary Charles B. Pinkham.

Following the above, reports were made by the chairmen of the standing committees of the California Medical Association. Other reports were by Dr. Elbridge J. Best for the delegates of the California Medical Association, and by Dr. Axel E. Anderson for the Special Committee on Relief of Needy Members.

The attendance was excellent and all agreed that the session measured up to those of previous years.

REGISTRATIONS FOR FIFTH ANNUAL CONFERENCE. FEBRUARY 22, 1941

L. A. Alesen, Los Angeles
A. E. Anderson, Fresno
H. E. Henderson, Santa Barbara
E. Vincent Askey, Los Angeles
John V. Barrow, Los Angeles
Elbridge J. Best, San Francisco
E. M. Bingham, San Luis Obispo
Lewis T. Bullock, Los Angeles
Merritt C. Canfield, El Centro
Donald Cass, Los Angeles
Carl W. Clark, San Rafael
F. E. Clough, San Bernardino
C. Glenn Curtis, Brea
Edward B. Dewey, San Marino
Anthony B. Diepenbrock, San Francisco
C. A. Dukes, Oakland
C. L. Emmons, Ontario
Edward N. Ewer, Berkeley
Thomas E. Farthing, San Mateo
Leon P. Fox, San Jose
Hoyt R. Gant, Modesto
Otto L. Gericke, Talmage
P. K. Gilman, San Francisco
John H. Graves, San Francisco
John W. Green, Vallejo
O. D. Hamlin, Oakland
R. K. Harker, Oxnard
V. W. Hart, Yreka
Howard Hassard, San Francisco
Leonard W. Hines, Santa Rosa

John Hunton, San Francisco
 F. Burton Jones, Vallejo
 Hobart M. Kelly, Riverside
 George H. Kress, San Francisco
 A. E. Larsen, San Francisco
 Sophie M. Loven, Bakersfield
 Frank A. MacDonald, Sacramento
 R. D. Mace, Salinas
 F. R. Makinson, Oakland
 Sam J. McClendon, San Diego
 Curtis H. McDonnell, Sacramento
 Delbert H. McNamara, Santa Barbara
 William R. Molony, Los Angeles
 Dwight Murray, Napa
 Willard H. Newman, San Diego
 J. Norman O'Neill, Los Angeles
 Louis A. Packard, Bakersfield
 Hartley F. Peart, San Francisco
 Robert A. Peers, Colfax
 Otto H. Pflueger, San Francisco
 C. B. Pinkham, San Francisco
 Dewey R. Powell, Stockton
 F. G. Powell, Visalia
 Ben R. Read, San Francisco
 J. Marion Read, San Francisco
 Edward W. Reed, Oakland
 Wilfred T. Robbins, Davis
 Harry S. Rogers, Petaluma
 Lieutenant-Colonel John H. Schaefer, San Francisco
 L. E. Smith, Hollister
 C. E. Smith, San Francisco
 Lionel W. Sorenson, Corcoran
 Leon M. Swift, Marysville
 Fletcher B. Taylor, Oakland
 Milo K. Tedstrom, Santa Ana
 Bert Thomas, Sacramento
 F. E. Toomey, San Diego
 W. J. Van Den Berg, Sacramento
 Arthur E. Varden, San Bernardino
 G. W. Walker, Fresno
 E. Richmond Ware, Los Angeles
 Ray Lyman Wilbur, San Francisco
 Dwight L. Wilbur, San Francisco
 Harry H. Wilson, Los Angeles
 Mast Wolfson, Monterey
 Joseph S. Woolford, Eureka
 J. E. Young, Fresno

Program follows:

MORNING SESSION

President Harry H. Wilson, Los Angeles, presiding

10:00 a. m.—*Introductory Remarks*, by President Harry H. Wilson.

10:10 a. m.—*California Medical Association Committee on Public Relations.*

Progress Reports and Talks on Basic Science Initiative:

Donald Cass, Committee Chairman.

Dwight L. Wilbur, Chairman of Subcommittee on Basic Science Law.

E. Sloman, D. D. S., Representing the California State Dental Association.

Questions Invited.

10:25 a. m.—*Committee on Public Health Education.*
 (House of Delegates Committee: Special Assessment of 1939.)

Progress Reports and Talks:

Frank R. Makinson, Committee Chairman.

Philip K. Gilman, Committee Secretary.

Questions Invited.

10:45 a. m.—*California Physicians' Service.*

Progress Reports and Talks:

Ray Lyman Wilbur, President, Board of Trustees.

Alson R. Kilgore, Secretary.

Albert E. Larsen, Medical Director.

Questions Invited.

11:00 a. m.—*Medical Preparedness.*

Reports by:

Philip K. Gilman, Chairman of the California Committee on Medical Preparedness.

Charles A. Dukes, Member of Committee on Medical Preparedness of the American Medical Association.

Informal Addresses:

Lieutenant-Colonel John H. Schaefer, M. C., United States Army.

Captain Edward U. Read, M. C., United States Navy.

Lieutenant-Colonel Bert S. Thomas, California National Guard.

Questions Invited.

12:00 m.—*California Medical Association Committee on Public Policy and Legislation.*

Progress Reports and Talks:

Dwight H. Murray, Chairman.

Junius B. Harris, Chairman Advisory Committee.

Mr. Ben Read, Executive Secretary, Public Health League of California.

Questions Invited.

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AFTERNOON CONFERENCE

2:00 p. m.—*Report by the California Medical Association Council*, Philip K. Gilman, Chairman.

2:15 p. m.—*Reports from California State Boards:*

California State Board of Medical Examiners, Dr. Charles B. Pinkham, Secretary.

California State Board of Public Health, Dr. Charles E. Smith, Member.

2:45 p. m.—*Reports by California Medical Association Standing and Special Committees:*

(Five-minute progress reports.)

Committee on Associated Societies and Technical Groups—John V. Barrow, Chairman.

Committee on Health and Public Instruction—Roy E. Thomas, Chairman.

Committee on History and Obituaries—Frank R. Makinson, Chairman.

Committee on Hospitals, Dispensaries and Clinics—J. Norman O'Neill, Chairman.

Committee on Industrial Practice—Donald Cass, Chairman.

Committee on Medical Defense—George G. Reinle, Chairman.

Committee on Medical Economics—John H. Graves, Chairman.

Committee on Medical Education and Medical Institutions—Loren R. Chandler, Chairman.

Committee on Membership and Organization—George D. Maner, Chairman.

Committee on Postgraduate Activities—Dwight L. Wilbur, Chairman.

Committee on Scientific Work (annual session)—George H. Kress, Chairman.

Committee on Publications—Francis E. Toomey, Chairman.

Cancer Commission—Charles A. Dukes, Chairman.

Other Activities:

House of Delegates—(American Medical Association and California Medical Association). Comments by Lowell S. Goin, Speaker California Medical Association House of Delegates; and by American Medical Association Delegates (Elbridge J. Best, Lyell C. Kinney, Edward N. Ewer, Edward M. Pallette, Robert A. Peers, William R. Molony, Sr.; Lowell S. Goin, and Henry S. Rogers).

Reports of Special Committees:

On Needy Members—Axel E. Anderson, Chairman.

On Permanent Endowment—Robert A. Peers, Chairman.

Question-Box Hour: "The Good of the Association."

(If time permits, and until adjournment hour is reached, the remainder of the afternoon session will be given over to questions on matters pertinent to "The Good of the Association." Questions should be submitted in writing. In rising to speak, please give name and official position.)

CALIFORNIA COMMITTEE ON MEDICAL PREPAREDNESS†

California has now passed the 92 per cent mark in completion of American Medical Association Medical Preparedness blanks, the most recent mailing having produced a response from about six hundred physicians. There are still about one thousand doctors in the state who have not forwarded their completed blanks to the American Medical Association or to the California Medical Association central office, where the blanks are now being handled.

The American Medical Association has completed arrangements with United States Army officials for the tabulation of essential data on these blanks for use in case of

† Philip K. Gilman, M. D., 2000 Van Ness Avenue, San Francisco, is chairman of the California Committee on Medical Preparedness. Charles A. Dukes, M. D., 426 Seventeenth Street, Oakland, is a member of the American Medical Association Committee on Medical Preparedness. Roster of county chairmen on Medical Preparedness appeared in CALIFORNIA AND WESTERN MEDICINE, August, 1940, on page 86.

emergency. It is, therefore, doubly important now that all possible blanks be completed and filed.

The most recent conference between American Medical Association and Army representatives resulted in the drafting of additional Army plans for building up the medical staff to accommodate the augmented enlisted and drafted forces. The Army, under these plans, will broaden its base of acceptability of doctors beyond the present restricted limits; this broadening will probably make Army commissions available to many California physicians who already have volunteered their services only to learn that they were ineligible for Army commissions under existing regulations.

* * *

**Letter from the Chief of the Medical Division
of the Selective Service Department of the
State of California**

(COPY)

CULBERT L. OLSON
GOVERNOR
STATE OF CALIFORNIA
DIRECTOR OF SELECTIVE SERVICE

Plaza Building, Sacramento,
February 14, 1941.

Dr. George H. Kress,
Secretary-Editor,
California Medical Association,
450 Sutter Street,
San Francisco, California.

Dear Sir:

We have again directly contacted the presidents and secretaries of all of the component societies of your mother organization. We wish to take a few minutes off at this time to tell you just how satisfactorily the system of medical personnel supply is working throughout the State. In every instance but one, we have found that the societies were in a position to rapidly recommend to us necessary examining physicians. A splendid example of this is the work being done in the Bay area by the San Francisco Medical Society. The demand there for awhile was considerable, but in no instance were we unable to immediately expand our panel through their efforts.

Our reason for circularizing the component societies at the present time was the single instance which we spoke of above. We found that one society had not as yet prepared a panel of physicians for activity with the local boards, and, as the letter explains, it was written with the thought of making certain that the profession throughout the State is ready for this five-year program. We attach a copy of this letter, together with the previous one of December, 1940. We want you to know that the work demanded of these doctors is hard; that it is the policy of this headquarters to spread this work out as thin as possible so that no doctor be burdened with a task beyond his capacity, nor beyond what we ordinarily could expect.

I just wish that you gentlemen could spend a little time at our State Headquarters and see the excellent work which is being accomplished throughout the State by members of your society. True enough, we were disappointed to some degree with our results at our second induction call, but I believe that this still was due to the fact that the doctors were not yet fully read into the regulations and, better still, did not realize the exact interpretations that were going to be given many of the regulations.

Possibly I am a bit overenthusiastic at the present time, but from the responses we have had since the second induction call, I am sure that the excellent work being reviewed here will show results. Please accept our most sincere thanks for the coöperation we have had from the organized profession, and may I ask you, in some manner, to spread this thanks.

May I also ask you for any criticisms you might have upon any of the organization or medical effort of the Selective Service. We have had many individual constructive criticisms presented to us, and in instances where they have not conflicted directly with the regulations, we have been able to improve our activities by using them. We know that you, as a society, must have discussed many phases of this work, and we know that you must have ideas which will help us. We all need help to produce the team which is going to insure our national security. Please be free with your communications.

FOR CULBERT L. OLSON, *Governor.*

R. E. Mittelstaedt,

State Director of Selective Service.

(Signed): Bert S. Thomas,
*Lieutenant-Colonel, Medical Corps,
Chief, Medical Division*

* * *

**Examinations for Appointments in the Medical
Corps of the United States Navy**

The Surgeon-General of the Navy, Rear Admiral Ross T. McIntire (M. C.), U. S. N., announced the next examination for appointments as commissioned officers in the Medical Department of the Navy will be held at all of the larger naval hospitals and at the Naval Medical Center, Washington, D. C., on May 12 to 15 inclusive, 1941. Applicants for appointment as assistant surgeon, effective approximately two months from date of examinations, may now request authorization to appear for examination. Requests for such authorization should reach this bureau prior to April 21, 1941.

Applicants for appointment as assistant surgeon are required to be citizens of the United States between the ages of twenty-one and thirty-one, graduates of Class "A" medical schools, have had at least one year of intern training in a hospital accredited for intern training by the Council on Medical Education and Hospitals of the American Medical Association, and to meet the physical and other requirements for appointment.

The Medical Corps of the Navy is being increased in strength proportionate with the expanding Navy and U. S. Marine Corps. Service for medical officers is active professionally and attractive in assignments at sea, on shore duty, and on foreign shore stations. In the normal rotation of assignments every practicable consideration is given the officer's preference for the type of duty he desires. The Naval Medical School at the Naval Medical Center, Washington, D. C., offers a course of postgraduate instruction and instruction in those branches of medicine which apply particularly to naval service. Under normal conditions newly appointed officers are assigned to this course upon their entry into the service or during their first few years of naval service.

Naval medical officers are encouraged to develop a specialty after they have completed their first cruise at sea. Shortly before completion of his sea duty, the Navy doctor may request special training in the Medical Department specialty in which he is interested. Such requests are acted upon by a special board in the Bureau of Medicine and Surgery and, if approved, the Navy doctor is sent to a hospital for training and experience in that specialty for one year. Upon completion of this training, he is assigned to postgraduate instruction at one of the many medical centers in the United States for a period up to one year after which, in so far as is practicable, he is retained in that type of duty. Some of the specialties in which qualifications may be obtained are: surgery, medicine; otolaryngology, laboratory; x-ray; pathology; public health; psychiatry; deep-sea diving; aviation medicine (flight surgery); gas warfare; and tropical medicine. Several officers have been trained in research particularly applying to problems arising in submarine and aviation activities.

The naval service affords excellent opportunities for professional advancement. Medical officers receive the same pay and allowances as other officers of the Navy in corresponding ranks and the equivalent amount of service.

A circular of information for applicants for appointment as medical officers of the Navy, containing full information regarding physical requirements, professional examinations, rates of pay, and promotion and retirement data may be obtained by addressing the Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

* * *

Army Commissions Available

On December 19, the Adjutant General of the United States Army issued to all corps area and department commanders the following instructions:

"1. The Surgeon-General and corps area and department commanders are authorized to recommend for appointment sufficient applicants to fill any vacancies existing or occurring under the approved peacetime procurement objective for reserve officers in the Medical Department Reserve.

"2. All appointments under this authority will be made in the lowest grade in the section in which commission is sought, and appointments will be limited to those who meet the requirements of AR 140-5 and AR 140-33.

"3. Each application must be accompanied by a written statement by the applicant that he does not come within the category of those entitled to resign under the provisions of Section 3 (c), Public Resolution 96, Seventy-sixth Congress, or that he will not exercise such rights if ordered to active duty.

"4. Current War Department instructions governing appointment in 'affiliated' medical units continue unchanged."

According to *The Journal of the American Medical Association*:

"The intent of these instructions is to enable the Surgeon-General of the Army to commission in the Medical Reserve Corps young men who now hold positions as interns or residents or, indeed, any other medical positions of importance, and then to determine by suitable study whether or not their call to active service may be deferred until the completion of their internship or residency, or until their service is needed. The significant instruction is that under which the applicant agrees that he will not come within the category of those entitled to resign, and that he will not exercise the right to resign if ordered to active duty."

* * *

News items related to Medical Preparedness follow:

Wilbur Urges United States Help Train Medical Men
Doctors, Dentists for Nation's Military, Civilian People Must Be Experts, Asserts Educator

Chicago, February 15 (AP).—Dr. Ray Lyman Wilbur, president of Leland Stanford University and education chairman of the American Medical Association, asked the Government today to help physicians and dentists maintain the highest professional standards in coping with public health problems growing out of the national preparedness program.

"There must be no cheap procedures by which men of poor training acquire control over the lives of our soldiers or of our citizens," Doctor Wilbur told the first congress on dental education and licensure conducted by the council on dental education of the American Dental Association.

New needs for health services, he asserted in his prepared speech, must not be permitted to lower medical and dental standards by speeding up training and licensure.

"There is no quick way," he continued, "to make a good physician or a good dentist. There is an element of time in all education that cannot be escaped.

"Individuals must grow in their mental preparation. They require multiple exposure to all sorts of information, to a variety of individuals and in the case of medicine and dentistry to various manifestations of disease."

The responsibility for safeguarding standards in a time of emergency, Doctor Wilbur said, rests equally with the Government and the profession.—*San Francisco Examiner*, February 16, 1941.

Army Nears a Million

Washington, February 18.—Within the next two weeks the United States will have an army one million strong—the mightiest since post-World War days and only 400,000 shy of the goal set for June 1—War Department officials said tonight.

This rapidly expanding force includes regulars, draftees, National Guardsmen, and reservists called to active duty.

Officials said the War Department now has begun to hit its stride in army inductions "after a slow start largely because of delays in cantonment construction."

They pointed out that the army, which consisted of only 260,949 last June 30, had grown to a force of 778,000 officers and men by February 7. This figure includes 150,000 to 180,000 draftees, and their number probably will be swelled to 260,000 by the end of this month, officials said.

They estimated that by March 1, or shortly thereafter, the army strength will be 939,000 men and 63,000 officers, or a total of 1,002,000. (The World War peak was more than 4,000,000 men.) A breakdown of these estimates showed that on that approximate date there will be 454,000 regulars, 260,000 draftees, 225,000 militiamen and 14,000 regular, 17,000 National Guard, and 32,000 active reserve officers under arms.

Officials said at least 200,000 more draftees will be inducted during March, bringing the total number of trainees to 460,000 and leaving less than 340,000 more to be brought in during April and May to round out an army of 1,400,000 by June 1.

Original plans were to call 800,000 selectees, but the full quota will not be needed to bring the army up to its required strength because of increases in the regular army and National Guard.—*San Francisco Chronicle*, February 19, 1941.

* * *

Local Doctors Have Rejected 32 Per Cent

Chicago, February 16 (AP).—Dr. Leonard G. Rowntree, chief of the medical division of the Selective Service, said today local board physicians rejected 32 per cent of the draft registrants prior to January 1 as physically and mentally unfit for general military service.

Addressing the National Conference on Medical Service, Doctor Rowntree said approximately 12 per cent of those passed by the local boards were rejected by the army induction boards.

Twelve per cent of local board physicians' rejections were listed as fit for limited service but not fit for general military service, and 20 per cent were listed as unfit for any form of military duty.

Doctor Rowntree submitted the following causes of rejections and the percentages for each cause among those rejected by the local boards and the army, respectively:

Teeth, 17 per cent and 22 per cent; cardiovascular system, 13 and 17; musculo-skeletal defects, 10 and 4; eyes, 9 and 13; genitalia, including venereal, 6 and 5; mental and nervous, 6 and 10; ears, nose and throat, 6 and 9; hernia, 5 and 6; feet, 4 and 6; and lungs, 3 and 4.

Doctor Rowntree said the prominence of teeth rejections indicated "the need for special help in matters pertaining to the examination of teeth." The department hopes to have dental service available to all local boards that desire them within the near future, he added.

Dr. Morris Fishbein, editor of the *Journal of the American Medical Association*, told the conference the medical profession was "pitifully underfinanced" by the Government in carrying out its "essential and gigantic task" in the national defense program.

"America's physicians serve gladly, but they must be supplied with the means," he said.—*San Francisco Chronicle*, February 17, 1941.

* * *

Medical Reserve Corps

Concerning Report for Duty

Washington, February 27 (AP).—War Department officials said today that members on the regular army reserve who failed to report for duty by March 15 would be dropped from the rolls as deserters.

Last December the Department announced that all these reservists who were without dependents or essential jobs would be ordered to duty in increments prescribed by corps area commanders. Those with dependents or holding key positions in essential industries were ordered discharged from the reserve.

Reservists who do not report and are dropped as deserters will, when within the twenty-one to thirty-five age limits, become subject to registration under the selective service law.

Officials said there would be no inclination to rush court-martial proceedings against any of those classed as deserters.—*San Francisco Call-Bulletin*, February 27.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION†

List of Proposed Laws Having Public Health Implications*

California Legislature: Fifty-Fourth Biennial Session (Now in session at Sacramento)

Antivivisection (one bill).

Assembly Bill 920, by Voigt (referred to Committee on Public Health and Quarantine), regulating the conduct of pounds, prescribing duties of persons in charge thereof, or employed thereat, and regulating the disposition of animals impounded or sheltered therein.

Board of Health (one bill).

Assembly Bill 977, by Waters (referred to Committee on Public Health and Quarantine), places director in charge of department and gives him all duties and powers previously vested in State Board of Public Health. Board of six members to be solely advisory.

Chiropody (two bills).

Assembly Bill 2144, by Johnson (referred to Committee on Medical and Dental Laws), relating to instruction in chiropody.

Assembly Bill 2145, by Johnson (referred to Committee on Medical and Dental Laws), relating to the advertising of chiropodical services.

Chiropractic (six bills).

Assembly Bill 208, by Middough (referred to Committee on Insurance), includes chiropractors as "physicians" to render services in Workmen's Compensation cases.

Assembly Bill 1988, by Thomas (referred to Committee on Insurance), medical treatment under Compensation Act to include chiropractic.

Assembly Bill 2247, by Salsman (referred to Committee on Medical and Dental Laws), relating to chiropractic treatment of injured employees under Compensation Act.

Assembly Bill 2383, by Desmond (referred to Committee on Medical and Dental Laws), relating to Board of Chiropractic Examiners.

Assembly Bill 2511, by Lyon (referred to Committee on Medical and Dental Laws), amending Chiropractic Act.

Assembly Constitutional Amendment 47, by Desmond (referred to Committee on Constitutional Amendments), ratifying changes that may be made by fifty-fourth Legislature in Chiropractic Act.

Clinics (one bill).

Assembly Bill 2439, by Watson (referred to Committee on Public Health and Quarantine), amends Health and Safety Code relating to clinics and dispensaries.

Clinical Laboratories (two bills).

Assembly Bill 596, by Hugh M. Burns (without reference to committee), codifies laws relating to regulation of clinical laboratory technologists and clinical laboratory technicians.

Assembly Bill 1507, by Green (referred to Committee on Governmental Efficiency and Economy), an act to establish a "State Board of Medical Laboratory Personnel Examiners," to regulate clinical laboratory technologists and technicians.

County Hospitals (one bill).

Assembly Bill 1037, by McCollister (referred to Committee on Governmental Efficiency and Economy), relating to administration of county hospitals.

Dentistry (seven bills).

Assembly Bill 482, by Andreas (referred to Committee on Medical and Dental Laws), relating to practice of dentistry.

Assembly Bill 1148, by Leonard and Johnson (referred to Committee on Education), relating to absence of pupils from school for dental services.

Assembly Bill 1449, by Cronin (referred to Committee on Medical and Dental Laws), relating to powers and duties of Board of Dental Examiners.

Assembly Bill 1450, by Cronin (referred to Committee on Medical and Dental Laws), relating to examinations.

Assembly Bill 1451, by Cronin (referred to Committee on Medical and Dental Laws), relating to complaints.

Senate Bill 720, by DeLap (referred to Committee on Business and Professions), relating to revocation or suspension of licenses.

Senate Bill 1130, by Swan (referred to Committee on Business and Professions), relating to employment of licensed dentists.

Dispensing Opticians (three bills).

Assembly Bill 1452, by Cronin (referred to Committee on Medical and Dental Laws), relating to fees for certificates.

Assembly Bill 1453, by Cronin (referred to Committee on Medical and Dental Laws), relating to application fees.

Assembly Bill 1454, by Cronin (referred to Committee on Medical and Dental Laws), relating to change of address on certificates.

Drugless Practitioners (two bills).

Assembly Bill 1853, by George D. Collins and O'Day (referred to Committee on Insurance), permits drugless practitioners to treat cases under Workmen's Compensation Act.

Assembly Bill 2089, by Desmond (referred to Committee on Medical and Dental Laws), removes drugless practitioners from license under Board of Medical Examiners.

Drugs (seven bills).

Assembly Bill 1073, by Hugh M. Burns (referred to Committee on Public Health and Quarantine), fake advertising and sale of drugs.

Assembly Bill 1130, by Poulson (referred to Committee on Public Health and Quarantine), advertising blemished goods.

Assembly Bill 1342, by Massion (referred to Committee on Public Health and Quarantine), relating to sale and use of drugs.

Assembly Bill 2143, by Johnson, Massion, F. N. Howser, O'Day, Poulson, Gallagher, T. Fenton Knight, Hugh M. Burns and Daley (referred to Committee on Public Health and Quarantine), amends act relating to sale and disposal of drugs and persons engaged therein.

Assembly Bill 2196, by Hawkins (referred to Committee on Public Health and Quarantine), adulterating, misbranding, etc., of drugs.

Health Insurance (four bills).

Assembly Bill 1730, by Thomas and Cain (referred to Committee on Unemployment), Compulsory Health Insurance.

Assembly Bill 2471, by Kilpatrick (referred to Committee on Governmental Efficiency and Economy), establishing a tax-supported system of Health Insurance, providing for the administration thereof and defining the scope of treatment thereunder.

Senate Bill 645, by Swan and Kenny (referred to Committee on Welfare and Institutions), compulsory health insurance.

Senate Bill 1024, by Kenny (referred to Committee on Labor), encouraging employers to provide for health and security of their employees, providing revenue to the State for aid of those persons depending upon it.

Herbalists (one bill).

Assembly Bill 1349, by Lyon (referred to Committee on Medical and Dental Laws), requiring Board of Medical Examiners to issue herb practitioners' certificates.

Hospitals (seven bills).

Assembly Bill 367, by F. N. Howser (referred to Committee on Public Charities and Corrections), relating to contracts for care of indigents in private hospitals.

Assembly Bill 1683, by Poulson (referred to Committee on Judiciary Codes), provides liens in favor of hospitals for services to injured persons.

Assembly Bill 1732, by Cain (referred to Committee on Governmental Efficiency and Economy), relating to furnishing of hospital services by employers to employees and former employees.

Assembly Bill 2329, by Clarke (referred to Committee on Judiciary General), relating to an action against hospitals for discrimination against physicians and surgeons.

Assembly Bill 2509, by Hastian (referred to Committee on Medical and Dental Laws), identical with Assembly Bill 2329.

Senate Bill 204, by Fletcher (referred to Committee on Judiciary), relating to liability of charitable hospitals for injury or death of patients.

† Component County Societies and California Medical Association members should not give endorsements to proposed legislation unless the California Medical Association Committee on Public Policy and Legislation has so requested. On such matters, address: California Medical Association Committee on Legislation, Dwight Murray, M. D., Chairman, 450 Sutter, San Francisco. Telephone, DOuglas 0062.

* Compiled by The Public Health League of California, and the California Medical Association Committee on Public Policy and Legislation. For editorial comment, see page 101.

Senate Bill 245, by Quinn (referred to Committee on Public Health and Safety), provides not less than \$50 per month compensation for internes.

Massage (one bill).

Assembly Bill 51, by Salsman, Clarke, Doyle, Del Mutolo, Richie and Poole (referred to Committee on Governmental Efficiency and Economy), regulation and government of persons engaged in the practice of massage.

Medical Examiners, Board of (eleven bills).

Assembly Bill 380, by Cronin (referred to Committee on Medical and Dental Laws), relating to grounds for disciplinary action under the chapter on medicine.

Assembly Bill 413, by Pfaff (referred to Committee on Medical and Dental Laws), relating to the directory.

Assembly Bill 481, by Andreas (referred to Committee on Medical and Dental Laws), relating to practice of medicine.

Assembly Bill 502, by Cronin (referred to Committee on Medical and Dental Laws), relating to fees and certificates.

Assembly Bill 503, by Cronin (referred to Committee on Medical and Dental Laws), relating to examinations.

Assembly Bill 504, by Cronin (referred to Committee on Medical and Dental Laws), relating to use of addressing facilities of the Board.

Assembly Bill 505, by Cronin (referred to Committee on Medical and Dental Laws), relating to reports of the Board.

Assembly Bill 1475, by Pfaff (referred to Committee on Medical and Dental Laws), relating to applications for physicians and surgeons' certificates by graduates of foreign medical schools.

Assembly Bill 1497, by Cain (referred to Committee on Medical and Dental Laws), relating to advertising of medical business.

Assembly Bill 2088, by Desmond (referred to Committee on Medical and Dental Laws), relating to advertising of medical business.

Senate Bill 1129, by Swan (referred to Committee on Business and Professions), relating to employment of physicians and surgeons or osteopaths.

Medical Research (one bill).

Senate Bill 1032, by Swan (referred to Committee on Governmental Efficiency), providing for a Medical Research Board, prescribing powers and duties thereof and making an appropriation.

Medical Service (three bills).

Assembly Bill 562, by Cronin (referred to Committee on Medical and Dental Laws), authorizing non-profit membership medical service corporations to contract with Federal agencies and receive and administer in trust Federal funds.

Assembly Bill 563, by Cronin (referred to Committee on Corporations), formation and purposes of non-profit corporations.

Assembly Bill 2148, by Johnson (referred to Committee on Corporations), relating to non-profit hospital service plans.

Mentally Irresponsible (forty-five bills).

Assembly Bill 188, by Cronin (referred to Committee on Judiciary Codes), relating to certificates by medical examiners.

Assembly Bill 242, by Call (referred to Committee on Judiciary Codes), relating to appointment of guardians of insane or incompetent persons.

Assembly Bills 733 to 774, inclusive (forty-two bills), by Potter (referred to various committees). Sponsored by Department of Institutions.

Senate Bill 61, by Fletcher (referred to Committee on Welfare and Institutions), relating to private institutions for insane or incompetent persons.

Military Service (two bills).

Assembly Bill 303, by Cronin (referred to Committee on Medical and Dental Laws), relating to fee and tax exemptions. Passed the Legislature and approved by the Governor on February 3.

Assembly Bill 811, by Waters and Poulson (referred to Committee on Military Affairs), relating to licenses for persons who have served in the armed forces.

Motor Vehicles (three bills).

Assembly Bill 690, by Sawallisch (referred to Committee on Motor Vehicles), to provide for the inclusion within the exemptions granted to authorized emergency vehicles of licensed physicians when traveling in response to emergency calls.

Assembly Bill 1489, by Sawallisch and Cronin (referred to Committee on Public Health and Quarantine), relating to reporting of cases of epilepsy.

Assembly Bill 2543, by Gunlock (referred to Committee on Judiciary Codes), relating to transportation, care and treatment of persons injured upon highways.

Narcotics (three bills)

Assembly Bill 1987, by Thomas (referred to Committee on Medical and Dental Laws), relating to permits to keep narcotics in hospitals.

Assembly Bill 2389, by Dickey (referred to Committee on Public Health and Quarantine), repealing sections relating to prescriptions for drugs and narcotics.

Senate Bill 1186, by Phillips (referred to Committee on Governmental Efficiency), transferring Division of Narcotic Enforcement to Department of Public Safety.

Naturopaths (two bills).

Assembly Bill 1301, by Richie, Pelletier and Kilpatrick (referred to Committee on Medical and Dental Laws), establishing a State Board of Naturopathy.

Senate Bill 977, by Swan (referred to Committee on Governmental Efficiency), creates Board of Naturopathic Examiners.

Nursing (five bills).

Assembly Bill 1426, by Bashore (referred to Committee on Civil Service), relating to undergraduate nurses and practical nurses.

Assembly Bill 1915, by Cronin (referred to Committee on Medical and Dental Laws), relating to trained attendants.

Assembly Bill 1882, by Hawkins (referred to Committee on Governmental Efficiency and Economy), relating to Board of Nurse Examiners Fund.

Assembly Bill 2051, by Cronin (referred to Committee on Medical and Dental Laws), relating to practice of and training for nursing.

Senate Bill 718, by Swan (referred to Committee on Business and Professions), relating to undergraduate nurses and practical nurses.

Optometry (six bills).

Assembly Bill 2264, by Turner (referred to Committee on Medical and Dental Laws), relating to disciplinary actions.

Assembly Bill 2267, by Lyon (referred to Committee on Medical and Dental Laws), relating to admission to practice optometry.

Assembly Bill 2299, by Meehan (referred to Committee on Medical and Dental Laws), relating to offenses.

Assembly Bill 2457, by Johnson and Cain (referred to Committee on Medical and Dental Laws), relating to training of persons seeking an optometry license.

Senate Bill 1124, by Jespersen and McBride (referred to Committee on Public Health and Safety), relating to clinics and dispensaries.

Senate Bill 1125, by Jespersen and McBride (referred to Committee on Public Health and Safety), relating to employment of optometrists by cities and counties.

Osteopaths (one bill).

Assembly Bill 2358, by Watson (referred to Committee on Governmental Efficiency and Economy), relating to license fees of the Board of Osteopathic Examiners.

Physical Examinations (three bills).

Assembly Bill 1570, by F. F. Houser (referred to Committee on Public Health and Quarantine), an act to require cooks, bus boys, waiters, waitresses, dish washers, dish dryers and domestic servants to obtain certificates that they are free from communicable diseases.

Assembly Bill 2474, by Kilpatrick (referred to Committee on Public Health and Quarantine), relating to medical examination of persons handling food or food containers intended for the consumption of others.

Senate Bill 788, by Mixer (referred to Committee on Education), relating to physical examination of teachers for active tuberculosis.

Premarital Examinations (one bill).

Assembly Bill 1854, by George D. Collins (referred to Committee on Public Health and Quarantine), providing "drugless physicians" may make premarital examinations.

Pounds (one bill).

Senate Bill 488, by Gordon (referred to Committee on Public Health and Safety), relating to conduct of pounds, the disposition of animals impounded or sheltered therein. Humane Pound Act.

Relief (two bills).

Assembly Bill 1625, by Cronin, Wollenberg, Poulson and Gallagher (referred to Committee on Medical and Dental Laws), establishing a medical and dental program for persons receiving assistance from the public moneys of this State.

Assembly Bill 1694, by Turner (referred to Committee on County Government), authorizing boards of supervisors to contract for hospitalization and medical care for migrant farmers, farm laborers or low-income farmers.

Sales Tax (two bills).

Assembly Bill 723, by Massion, Bennett, Hawkins, Pelletier, Thomas, Russell, Doyle, Burkhalter, Evans, Lowrey, George D. Collins and Cain (referred to Committee on Revenue and Taxation), relating to exemptions of medicines and drugs.

Senate Bill 130, by Swan (referred to Committee on Revenue and Taxation), relating to the exemption of drugs.

Workmen's Compensation (five bills).

Assembly Bill 519, by Tenney (referred to Committee on Insurance), provides injured employee or his personal representative shall at all times be entitled to examine and copy all hospital and medical records and reports.

Assembly Bill 692, by Cronin and Gallagher (referred to Committee on Insurance), relating to treatment.

Assembly Bill 931, by O'Day (referred to Committee on Insurance), employee shall have right to select physician.

Assembly Bill 1172, by Andreas (referred to Committee on Insurance), gives employee right to select physician in compensation cases.

Senate Bill 1258, by Foley (referred to Committee on Labor), similar to Assembly Bill 519.

Miscellaneous (ten bills).

Assembly Bill 2, by Bashore (referred to Committee on Unemployment), relating to eligibility of sick persons for unemployment benefits.

Assembly Bill 101, by Welch (referred to Committee on Social Service and Welfare), relating to advances for necessary medical and hospital care under the Old Age Security Law.

Assembly Bill 653, by Miss Miller (referred to Committee on Governmental Efficiency and Economy), qualifications of Director of Institutions.

Assembly Bill 720, by Call (referred to Committee on Civil Service), medical examinations of State employees.

Assembly Bill 1014, by Johnson (referred to Committee on Insurance), relating to preëxisting disease, previous injury or previous vocational handicap in compensation cases.

Assembly Bill 1065, by Bashore (referred to Committee on Medical and Dental Laws), relating to prevention of blindness at childbirth.

Assembly Bill 1883, by Dills, Bennett and Green (referred to Committee on Education), authorizing school districts to pay certain medical expenses for injuries received by pupils.

Senate Bill 302, by Fletcher (referred to Committee on Judiciary), relating to rights of unborn children and providing for limitation of actions for prenatal injuries and injuries sustained in the course of birth.

Senate Bill 350, by Myhand (referred to Committee on Public Health and Safety), relating to terms of office of county health officers.

Senate Bill 398, by Biggar (referred to Committee on Governmental Efficiency), medical examinations of state employees.

COMMITTEE ON POSTGRADUATE ACTIVITIES†

Organization Visits by California Medical Association Officers and Association Secretary

During February, President-Elect Henry S. Rogers, with Louis A. Packard, Councilor of the Third District, and Association Secretary George H. Kress gave talks on organization topics as follows:

San Joaquin County.—San Joaquin County Medical Society at Stockton on Thursday, February 6.

Santa Barbara County.—Santa Maria branch of the Santa Barbara County Medical Society at Santa Maria on Saturday noon, February 15.

San Luis Obispo County.—San Luis Obispo County Medical Society at San Luis Obispo on Saturday evening, February 15.

San Diego.—On Saturday, February 1, and Sunday, February 2, President Harry H. Wilson, Council Chairman, Philip K. Gilman, and Association Secretary George H. Kress were in attendance at the military medicine sym-

posium held under the auspices of the San Diego County Medical Society.

Doctor Gilman gave a talk on the work of the California Committee on Medical Preparedness, of which he is chairman, outlining briefly the tasks that had been allotted to it and the progress that had been made. The views of medical officers in the Ninth Corps Area of the United States Army were also indicated. The important duty of every physician who holds a license in California to send in the American Medical Association questionnaire for use by the national committee and Army officials was stressed.

President Wilson spoke on phases of medical preparedness, with reference both to essential industries related to military needs and to work with the civil population.

Los Angeles.—Doctors Wilson, Gilman, and Kress also made visits to the Los Angeles Health Defense Exposition, which opened in the Shrine Auditorium in Los Angeles on Sunday, February 2, continuing through Sunday, February 9.

* * *

Prospective Postgraduate Conferences: Fresno, Imperial, and Orange Counties

Arrangements are in the forming for postgraduate conferences to be held under the auspices of the following county medical societies:

Shasta County.—Shasta County Medical Society will hold a postgraduate conference in Redding on Sunday, March 9.

Meeting to be held at the Golden Eagle Hotel in Redding. Guest speakers: Chester L. Cooley, M. D., San Francisco, and A. E. Larsen, M. D., San Francisco.

Riverside County.—Riverside County Medical Society will hold a postgraduate conference in Riverside at Riverside Community Hospital on Monday, March 10. Guest speakers: Robert R. Carroll, M. D., J. Norton Nichols, M. D., Philip E. Rothman, M. D., Howard R. Cooder, M. D., all of Los Angeles.

Fresno County.—Fresno County Medical Society will hold a postgraduate conference in Fresno at the Hotel Californian on Wednesday, March 12. Guest speakers: John J. Sampson, M. D., San Francisco; Morris L. Horwitz, M. D., Oakland; and Hartley F. Peart, Esq., San Francisco.

Santa Barbara County.—Santa Barbara County Medical Society is formulating plans for a postgraduate conference to be held in Santa Barbara on Saturday, March 29. Members of the Santa Barbara, Ventura, San Luis Obispo, and Kern County Medical Societies will be invited to participate.

San Bernardino County.—San Bernardino County Medical Society will hold a postgraduate conference at the San Bernardino County Hospital on Tuesday, April 1. Members of the San Bernardino, Riverside, and Orange County Medical Societies have been invited to take part in the conference. Guest speakers: Carl F. Rusche, M. D., Los Angeles; Isaac Olch, M. D., Los Angeles; Alfred Gallant, M. D., Los Angeles.

* * *

Lane Lectures: Fifty-Ninth Course

The Stanford University School of Medicine has announced the fifty-ninth course of Popular Medical Lectures. The lectures will be given at Lane Hall, north side of Sacramento Street, near Webster, San Francisco, on Friday evenings, April 4, April 18, May 2, and May 16, 1941, at eight o'clock sharp. All interested are cordially invited to attend.

Program follows:

April 4—The cyclotron in Cancer Research, by John H. Lawrence, M. D.

April 18—Cosmetics and Care of the Skin, by Merlin T.-R. Maynard, M. D.

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

May 2—The Newer Knowledge About High Blood Pressure, by David A. Rytand, M. D.

May 16—Changing Attitudes in Child Guidance, by Hale F. Shirley, M. D.

* * *

Postgraduate Conference: Orange County Medical Society

On February 20, at the Anaheim Elks Club in Anaheim, the Orange County Medical Society sponsored a postgraduate conference. Members of the San Bernardino and Riverside County Medical Societies were invited to attend. The committee in charge consisted of Doctors Thomas B. Rhone, R. C. Harris, and H. C. Maxwell.

The program was as follows:

Present Status of Clinical Endocrinology, with Special Reference to Practical Therapeutics, by E. Kost Shelton, M. D., Los Angeles.

Management of Pyuria, by R. C. Bumpus, Jr., M. D., Pasadena.

Arthritis from Internist's Viewpoint, by R. Manning Clarke, M. D., Los Angeles.

Arthritis from Orthopedist's Viewpoint, by G. Mosser Taylor, M. D., Los Angeles.

* * *

Symposium on Military Medicine: San Diego, February 1 and 2

The two-day program outlined on page 89 of the February issue, for the symposium on military medicine that was held at Hotel del Coronado on Saturday, February 1, and Sunday, February 2, was carried through in excellent manner.

Comments on some of the talks follow:

Dr. Harry Wilson of Los Angeles, President of the California Medical Association, in an address before the final session of a two-day conference on medical preparedness for national defense in Coronado, said that "private doctors should establish effective medical service in areas surrounding aviation plants and other rapidly growing defense industries." Many doctors attended.

"Let's not wait until the Federal Government makes regulations for medicine in national defense factories," he said. "Let's put the necessary facilities in motion ourselves and disrupt existing institutions as little as possible."

"Once the Government lumps medical service into the Social Security set-up, we will have nothing to say about it. However, if we organize an efficient system ourselves, it is bound to have a tremendous effect on future governmental procedure."

The nonprofit California Physician Service was suggested by Doctor Wilson as the mechanism to service industrial groups. The service, sponsored by the California Medical Association, provides a panel of private physicians at low cost.

1 1 1

More than 44,000 nurses have signified their willingness to serve America in a local or national emergency through the Red Cross nursing service, Miss Myrtis Coltharp, San Francisco, assistant director of the Service's Pacific area, told the Conference, which was held in Hotel del Coronado.

Some four thousand nurses will be called to duty by July 1 to meet demands of numerous new military hospitals, she said.

Two classifications for nurses have been formed—a first reserve of 22,000 single and between 19 and 40 years of age; and a second reserve, composed of nurses married, over 40 years of age, or both.

Miss Coltharp said that the first group will serve in the Army and nurse corps, while the second group will be available in case of a local disaster.

1 1 1

Dr. L. B. Rogers, Los Angeles, medical inspector of the State Selective Service Administration, told the Conference that few young men have been attempting to fake such drawbacks as poor vision or hearing in an effort to evade Army service.

He urged that the "greatest of care be taken by local physician members of selective service board medical advisory groups to detect any latent as well as obvious disability among draftees."

"Since the World War, thousands of men who undoubtedly were disabled before they entered the service have been receiving compensation from the Veterans' Bureau," said Doctor Rogers. "It has cost the Federal Government \$33,000 a man for each mental case alone since 1919."

"We must watch for potential mental disorders, arrested tuberculosis, and similar cases before the man is admitted to the Army."

Most common ailments detected at induction centers after local doctors have passed the selectee as physically fit have been defective teeth and vision, perforated eardrums, flat feet, and varicose veins, Doctor Rogers said.

1 1 1

Commander Joel J. White, chief of medical service at the naval hospital, said speed—by itself—probably never would be a problem in aviation medicine. He discussed the effect medical research had played in airplane designing, protecting pilots and increasing efficiency of fliers.

"Since the speeds already attained have failed to produce any deleterious effect on the living organism, speeds of 600 or 700 miles an hour, likely to be produced in the near future, should not be harmful, provided such secondary effects as wind blast are excluded," the officer said.

Doctor White said aviation medicine had played a prominent rôle in effecting improvement in airplane design and equipment. One of the first contributions, he said, was the elimination of carbon monoxid from the cockpit.

Doctor White said a study of this problem began after the death of Arthur H. Page, a marine flier, in a crash in Chicago in 1930. Blood examination soon after the accident and prior to Page's death showed a trace of carbon monoxid.

The officer said the Navy also had developed, through aviation medicine, a method to overcome the ill effects of "black out" formerly complained of by pilots making power dives with high positive acceleration pull-outs.

"The principal deleterious effects in this are due to a drop in blood pressure and a deflection of blood to the brain," Doctor White explained.

Doctor White said no practical means had been developed, however, to counteract the blacking out effects of negative accelerations, or outside spins in an airplane.

The officer said the Navy flight surgeons also had taken an important part in the development of successful pressure cabin airplanes.

Doctor White listed as another accomplishment of aviation medicine fool-proof oxygen masks, which he said were a marked contrast to the old pipe-stem methods of oxygen supply used in early days.

Flight surgeons are now engaged, the officer said, in research work concerning acute and chronic altitude sickness; aero embolism, a disease produced by a rapid decrease of pressure below one atmosphere, such as may occur in aircraft flights to high altitude and which Doctor White said was marked by formation of nitrogen bubbles in the body tissues and fluids.

The problem of cold, noise, vibration, and defective dark adaption in night flying also are being studied because of their importance which Doctor White said had been demonstrated in the type of aero warfare being conducted abroad.

1 1 1

Captain Frederick L. Conklin, chief of surgical service at the naval hospital, related that medical tactics had been speeded up and streamlined to keep pace with modern mechanized war. He said surgery had not really stepped to the fore until the World War.

"In all wars prior to the World War, four times as many sailors and soldiers died from diseases as were killed by the enemy," the Captain said.

"Had this ratio been maintained, the World War would have been terminated in two years because of the lack of man power. The Germans lost more than 1,000,000 soldiers killed in combat during the first thirty months, while their loss by disease was 60,000 instead of the expected disease loss of 4,000,000. Therefore, the military value of application of the principles of modern medicine cannot be too highly evaluated."

Citing examples of the influence of disease upon the outcome of military ventures, Captain Conklin related that:

At the beginning of the last century, 50,000 out of an army of 53,000 died on Santo Domingo Island from yellow fever.

In the Spanish-American War, the American forces lost about ten times as many men from typhoid fever as were killed in action.

In the Balkan War, the Turks lost as many as 500 men daily from cholera.

In the war between Russia and Turkey in 1928, plague killed more than 6,000 Russians in one month. Napoleon lost 40,000 from typhus during his retreat from Moscow.

Doctor Conklin said some authorities had decided the body louse—transmitter of typhus—won the World War.

♦ ♦ ♦

Segregation of prostitutes as a national defense measure was urged by Lieutenant-Commander J. F. Luten, U. S. N. He repeated many of the recommendations he submitted to California health officers at a Coronado meeting last September when the control of venereal diseases was discussed.

"Communities should dispense with street walkers and female bar hangers-on in our campaign to keep as many men on duty as many days as possible in the armed forces of the nation," Doctor Luten said.

Stressing the importance of the campaign he urged, Doctor Luten reported venereal diseases occupied second place among all causes of illness in the Navy in 1938 and contributed to the second largest number of sick days.

Doctor Luten said the figures were for peacetime, and remarked the problem was more serious now because of the establishment of new military camps and the increase in the Army and Navy quotas.

To support his contention that segregation and control of prostitutes would check venereal diseases, Doctor Luten related results he said he obtained while at the Guantanamo naval base.

Reading from a medical log of a cruise he made with a ship of 800 men, the officer said at Guantanamo there were no cases in the three and one-half months the men were there.

COMMITTEE ON PUBLIC HEALTH EDUCATION†

Activities of the Committee on Public Health Education were transferred on February 1 from the hands of a public relations counsel to the central office of the California Medical Association. The radio addresses, literature distribution experiments, publicity releases and other functions of the Committee will now be handled direct from headquarters. Members are requested to change their address lists accordingly.

♦ ♦ ♦

The Committee has been able to secure authority to place medical pamphlets in the University of Southern California in extension of a sample distribution experiment which has already been started in the Claremont Colleges and which has shown interesting results. The new experiment will, doubtless, give evidence which will permit broad theories of sample distributions of this kind to be drawn.

♦ ♦ ♦

Still before the Committee, pending official approval of the California Medical Association Council, is a proposed newspaper health column which would be written and distributed under the Committee's auspices to a large list of California newspapers. Additional data on this matter have been requested by the Council, and further consideration will be given the project.

♦ ♦ ♦

Basic Science Act.—The Committee on Public Relations last month completed its major task of the past year when it handed over to the California Medical Association Council the final draft of the Basic Science Initiative.

† The Committee on Public Health Education was established through Substitute Resolution No. 6 at the Del Monte annual session, May 3, 1939.

The Committee on Public Health Education consists of Frank R. Makinson, chairman, Oakland; Philip K. Gilman, secretary, San Francisco; Samuel Ayres, Jr., Los Angeles; Thomas A. Card, Riverside; Lowell S. Goin, Los Angeles; Junius B. Harris, Sacramento; George H. Rohrbacher, Stockton; Harry H. Wilson (ex officio), Los Angeles. Communications to the committee may be addressed to Frank R. Makinson, M.D., chairman, Wakefield Building, Oakland, or to the California Medical Association office, 450 Sutter Street, San Francisco.

Approved by the California Medical Association Executive Committee and by the two state dental societies in California, the measure will, by the time of this printing, be in the hands of the California State Attorney-General for titling.

The task of securing valid signatures on the initiative now passes to the Committee on Public Health Education, which has already set up the machinery for carrying out this work. All members of the Association are asked to bear in mind that the gathering of more than 212,000 signatures, which will be needed to qualify this measure for the next state general election, is a project of major proportions and one in which the coöperation of all members will be needed and sought. In due time full details of the work to be done will be given you; your help at that time will spell the difference between success and failure in this legislative proposal. The proposal may well spell the difference between a system of scientific medicine and one of cultism.

C. M. A. CANCER COMMISSION†

Forces to Coördinate Educational Drive With Legislative Action

With a state organization and county headquarters, the California division of the field army of the American Society for Cancer Control is ready to start its fifth annual campaign, with April the month for its major effort. Then cancer-control legislation will be presented to Congress. In the meantime, Mrs. Herbert Hoover will serve as honorary chairman of the state division and Mrs. H. Henry Ullmann of Santa Barbara as the state commander.

Working with members of and under direction of the American Medical Association, the field army now has active divisions in forty-six states, with more than 175,000 members enrolled last year. Educational books and pamphlets, and public meetings where incipient dangers are discussed by specialists are among the media for the teaching of the great danger of this disease.

* * *

American Medical Association Radio Broadcasts: Cancer Control

The American Medical Association radio broadcasts on Wednesday, April 2, and Wednesday, April 9, will feature Cancer Control. Names of stations receiving these broadcasts are on the Blue Network of the National Broadcasting Company, the allotted Pacific time being 7:30 o'clock on Wednesday evenings.

COMMITTEE ON SCIENTIFIC WORK

Scientific Assembly: California Medical Association Annual Session, Del Monte, May 5-8, 1941

Informative items concerning the next annual session to be held at Hotel Del Monte, May 5 to 8, have appeared in recent issues of CALIFORNIA AND WESTERN MEDICINE. Programs will be mailed to members in April.

Rules Concerning Papers

The Section officers have their programs well in hand. The rules concerning papers, adopted several years ago, are here reprinted for the information of essayists and members:

† For roster of members of the Cancer Commission of the California Medical Association, see page 2 in the front advertising section (bottom of the second column).

RULES OF THE COMMITTEE ON SCIENTIFIC WORK REGARDING
PAPERS AND DISCUSSIONS ON AN ANNUAL
SESSION PROGRAM

1. The maximum time that may be consumed by any paper is fifteen minutes, provided that not to exceed ten minutes' latitude may be allowed invited guests at the discretion of the presiding chairman.

2. Motions from the floor to extend the time of an author may be entertained by the presiding officer. [If agreeable to the Section.]

3. The maximum time permitted any individual to discuss a paper is five minutes. This also applies to the author in closing his discussion. No speaker may discuss more than once any one subject.

4. A copy of each and every paper presented at the state meeting must be in the hands of the chairman or secretary of the Section or in the hands of the Association's secretary before the paper is presented. [Copies must be original and double-spaced. Carbon or single-spaced copies are not considered by the Committee on Publications.]

5. Articles are accepted for placement on the program and for publication on condition that they are contributed solely to CALIFORNIA AND WESTERN MEDICINE. Authors desiring to publish their papers elsewhere than in the OFFICIAL JOURNAL should make written request for release. It is suggested to authors of technical or lengthy papers that such request be made. Lack of space makes impossible the printing of all annual session papers in the OFFICIAL JOURNAL. All annual session papers automatically become the property of the California Medical Association and can be printed elsewhere only upon approved request.

6. No paper will be accepted by the General Program Committee nor by Section Program Committees unless accompanied by a synopsis of not to exceed fifty words. Addresses of Section chairmen should also have titles and synopses.

7. Papers shall not be "read by title."

8. No member may present more than one paper at any one state meeting, provided that a member may be a co-laborator on more than one paper, if these papers are presented by different authors.

9. Failure on the part of an author to present a paper precludes acceptance of future papers from such author for a period of two years, unless the author explains to the satisfaction of the Committee on Scientific Work his inability to fulfill his obligation.

* * *

Scientific Exhibits at Annual Session

Request is made to public or other agencies and organizations and to members of the California Medical Association who may be in position to present scientific exhibits at the next annual session of the California Medical Association, to be held at Hotel Del Monte (Monday, May 5 to Thursday, May 8), to so inform the California Medical Association Committee on Scientific Work, 450 Sutter, San Francisco. The committee chairman, Dr. George H. Kress, will send necessary information and blanks.

Invitations to participate are cordially extended to state, county, city, and local departments connected with public health activities; to medical school departments, faculty members and research workers; to hospitals and staff members; and to members of the California Medical Association.

Prizes (first, second, and honorary mention), with certificates of award, will be granted in three classes: I. Medical Class; II. Surgical Class; III. Public Health Class.

Exhibits, according to their nature, will be assigned to one or other of the three groups.

Early information concerning possible coöperation will be appreciated. Effort will be made to provide facilities for proper display.

Medical and Surgical Films: Del Monte, May 5-8

On each of the four mornings of the next annual session, to be held at Hotel Del Monte (Monday, May 5 to Thursday, May 8), medical and surgical films will be presented in the Copper Cup Room, immediately adjacent to the auditorium. On each half-hour, a film will be presented. Titles of films and names of sponsors will appear in the printed programs, a copy of which will be sent to every member of the California Medical Association.

All who have made medical or surgical films are invited to write to the California Medical Association Committee on Scientific Work (George H. Kress, M. D., chairman). The necessary blanks will be sent and every effort made to fit in the presentation on a day and hour convenient for all concerned.

* * *

Annual Session Transportation Information

Air Passenger Service.—Air passenger service to Del Monte is furnished by United Air Lines from San Diego, Los Angeles, and San Francisco-Oakland. Planes are fourteen-passenger Lockheed's, newly built for this service, and carry a crew of three. Landings are made at Monterey and taxi or limousine service is furnished from the airport to Hotel Del Monte.

Schedules to Del Monte from Los Angeles (connections for San Diego) and San Francisco-Oakland are as follows:

<i>Leave Los Angeles</i>	<i>Leave San Francisco</i>
9:15 a. m.	9:15 a. m.
2:30 p. m.	2:10 p. m.
<i>Arrive Del Monte</i>	<i>Arrive Del Monte</i>
11:27 a. m.	10:05 a. m.
4:42 p. m.	3:00 p. m.

Return trips leave Del Monte at 10:05 a. m. and 3 p. m. for Los Angeles, taking about two hours for the flight. Departures from Del Monte for San Francisco are at 11:27 a. m. and 4:42 p. m., the trip requiring forty-two minutes. Passengers should verify time tables.

* * *

Hotel Reservations

Information concerning hotels on the Monterey Peninsula, their rates, and other information, appeared in the January issue of CALIFORNIA AND WESTERN MEDICINE, on page 30. Members who have not made reservations may wish to consult the list.

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Los Angeles Health Defense Exposition

On February 1, several thousand of the Southland's dentists and physicians were treated to a preview of the Health Defense Exposition which opened officially on February 2 in the Shrine Auditorium in Los Angeles.

Sponsored jointly by the Los Angeles County Medical Association and the Los Angeles County Dental Society, the show featured exhibitions of the latest machines, electrical equipment, and medical instruments known to dental and medical science.

A series of wax exhibits and a complete operating room were set up in the auditorium to bring new medical research achievements down to the laymen's ken.

Mayor Bowron on the opening night made a brief address to the attending professional men and declared that health is one of the main springs of the national defense program.

Many phases of health were explained and demonstrated at the Shrine Auditorium. Fields covered included heart,

ear, eye, nose, pathology, bacteriology, dentistry, tuberculosis, human eye, radiology, obstetrics, plastic surgery, cancer, endocrinology, rare diseases of the neck, urology, sex, dangers of self-diagnosis, orthopedics, research using animals, new surgery operating team, and brain surgery.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (91)

Alameda County (9)

Dale E. Barber, *Oakland*
H. D. Beauchamp, *Hayward*
Lester Cameron, *Livermore*
Henry A. Kaven, *Oakland*
Paul McChesney, *Berkeley*
William Benjamin MacCracken, II, *Oakland*
Stewart W. Stephens, *Alameda*
Edward W. Wilson, *Oakland*
James L. Wood, *Oakland*

Kings County (2)

Lionel W. Sorenson, *Corcoran*
Arthur Zeismer, *Hanford*

Los Angeles County (62)

Julius Bauer, *Los Angeles*
Albert R. Bellerue, *Los Angeles*
Maurice A. Bernstein, *Beverly Hills*
Norman H. Blatherwick, *Los Angeles*
John Myles Buchanan, *Walnut Creek*
Marie Ann Conradi, *Beverly Hills*
Horace Sunderlin Eldredge, *Los Angeles*
Lewis Francis Ellmore, *Los Angeles*
Charles Temple Farrington, *San Pedro*
John F. Flynn, Jr., *Los Angeles*
L. Benjamin Franklin, *Los Angeles*
Michel Gay, *Los Angeles*
Abner Douglas Gorfain, *Los Angeles*
Facchetti Sascha Giuglia, *Los Angeles*
Joachim A. Haenel, *Los Angeles*
Van Rensselaer Hamilton, *Van Nuys*
Frederic Charles Hargrave, Jr., *Pasadena*
Carl John Hawley, *Los Angeles*
James E. Kahler, *Los Angeles*
Halim Basil Khuri, *Los Angeles*
Samuel J. Klor, *Los Angeles*
Thomas Alexander Le Valley, *Los Angeles*
Allen Southall Lloyd, *Los Angeles*
Albert Edward Martin, Jr., *Pasadena*
Warren C. Matzen, *Los Angeles*
Jasper Wayne McFarland, *Los Angeles*
Robert Jenks McNeil, *Los Angeles*
Delmar S. Mitchelson, *Los Angeles*
Niels Nedergaard, *North Hollywood*
Carl Edward Nemethi, *Los Angeles*
Irving George Newman, *Beverly Hills*
Sylvester Preston Norman, *Long Beach*
Edward C. Person, *Redondo Beach*
Alois Pollak, *Los Angeles*
Max Popper, *Los Angeles*
Frederick George ReBell, *Los Angeles*
Ralph R. Reed, *Los Angeles*
Philip Robert Reuben, *Los Angeles*
Nathan O. Reynolds, *Los Angeles*
Joseph L. Robinson, *Olive View*
Edward Carl Rosenow, Jr., *Pasadena*
Leonard Rosoff, *Los Angeles*
Leon Rosove, *Santa Monica*

Rex L. Ross, *Beverly Hills*
Maurice Schneider, *Los Angeles*
Joseph Schnierer, *Los Angeles*
Hyman Shinbane, *Los Angeles*
Rosemary Shoemaker, *Los Angeles*
John William Shuman, Jr., *Los Angeles*
William Weber Smith, *Los Angeles*
Einer Immanuel Sorenson, *Pasadena*
William Cullen Spalding, *Los Angeles*
Berthold Starr, *Beverly Hills*
Harold O. Stocker, *Cross Roads of the World*
Kenneth Holden Sutherland, *Huntington Park*
A. M. Targow, *Los Angeles*
John Henry Urabec, *Los Angeles*
Henry Meyer Weber, *Los Angeles*
Daniel Weller, *Los Angeles*
Manuel R. Wexler, *Los Angeles*
Jack Yonchar, *San Pedro*
Walter Christian Zulauf, *Spadra*

Orange County (1)

Mary C. Block, *Santa Ana*

San Benito County (1)

Roy F. Noland, *San Juan*

San Bernardino County (1)

William Russell Quinn, *Redlands*

San Diego County (6)

Joseph Edmund Cairncross, *San Diego*
O. C. Helming, *La Jolla*
Josephine A. Jackson, *La Jolla*
David Lester, *San Diego*
John S. Martin, *San Diego*
John Whitney Olds, *San Diego*

San Francisco County (1)

Charles F. Steiss, *San Francisco*

Santa Clara County (4)

Oswald N. Andersen, *Palo Alto*
Marvin B. Morehead, *San Jose*
Douglas D. Wendt, *San Jose*
Sheldon K. Wirt, *Palo Alto*

Santa Cruz County (1)

Ambrose A. Cowden, *Santa Cruz*

Siskiyou County (2)

Eugene Vivian Anderson, *Dunsmuir*
Russell J. Merret, *Dunsmuir*

Yolo County (1)

Lenor Stephen Goerke, *Woodland*

Transfers (5)

Florence Olive Austin, from Ventura County to San Bernardino County.

Holden Edmund Brink, from Mendocino County to Sonoma County.

Evelyn Hart Case, from San Francisco County to Alameda County.

Norman L. Knott, from Fresno County to Los Angeles County.

Charles Dalliba Marple, from San Francisco County to Marin County.

Resigned (8)

Frederick Blume, from Alameda County.

Harry J. Borson, from San Francisco County

E. R. Brooks, from Alameda County

Sanford E. Feldman, from San Francisco County.

Richard Johnson, from Alameda County.

R. D. Joldersma, from Alameda County.

George P. Lyman, from San Francisco County.

R. J. Walker, from Alameda County.

† For roster of officers of component county medical societies, see page 4 in front advertising section.

In Memoriam

Collins, James Love. Died at Turlock, February 1, 1941, age 66. Graduate of St. Louis College of Physicians and Surgeons, St. Louis, Missouri, 1909. Licensed in California in 1919. Doctor Collins was a member of the Stanislaus County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

✱

Koford, Henning. Died at Lake Charles, Louisiana, February 15, 1941, age 61. Graduate of University of California Medical School, San Francisco, 1904. Licensed in California in 1904. Doctor Koford was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✱

McVey, Charles Leland. Died at Oakland, January 28, 1941, age 57. Graduate of University of California Medical School, San Francisco, 1909. Licensed in California in 1909. Doctor McVey was a retired member of the Alameda County Medical Association, the California Medical Association, and a member of the American Medical Association.

✱

Rice, Carlton Herman. Died at San Francisco, January 17, 1941, age 41. Graduate of University of Minnesota Medical School, Minneapolis, 1927. Licensed in California in 1927. Doctor Rice was a member of the Alameda County Medical Association, the California Medical Association, and the American Medical Association.

✱

Riggin, Levi Lore. Died at Santa Catalina Island, January 19, 1941, age 70. Graduate of University of Pennsylvania School of Medicine, Philadelphia, 1900. Licensed in California in 1903. Doctor Riggin was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✱

Voorhees, Harry Martyn. Died at Los Angeles, February 2, 1941, age 64. Graduate of University of Southern California School of Medicine, Los Angeles, 1905. Licensed in California in 1905. Doctor Voorhees was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✱

OBITUARY

Charles Gabriel Levison

1865-1941

January 12 marked the passing of one of the few remaining members of the old guard of medical practitioners who upheld the dignity of the profession and the ideals that traditionally were associated with the medical calling. Charles Gabriel Levison was born in Virginia City on July 19, 1865, and was graduated from the University of California College of Pharmacy in 1884. He worked in a drug store for several years, but always having the urge to study medicine he worked hard to attain that end and was graduated from Cooper Medical College in 1889. His ambition and thirst for education prompted him to further his studies abroad where, in addition to his medical studies,

he devoted some time to courses in literature and history in Heidelberg. There he worked hard in the pathology laboratory, and took intensive courses in surgery between the years 1890 and 1892.

Returning to San Francisco, Doctor Levison served as pathologist to the French Hospital from 1895 to 1897, at a time when there were few trained and no full-time pathologists in this city. In 1897 he occupied the post of professor of surgery of the Postgraduate Department at the University of California, which position he held until 1906. During this time he was also instructor in surgery in the University of California Medical School, as well as visiting surgeon to San Francisco Hospital in the polyclinic wards.

One of the founders of Mount Zion Hospital, Doctor Levison served on the staff from 1897 until his retirement from the staff in 1930. He was a member of the San Francisco County Medical Society, of which he served as president in 1909. Other societies of which he was a member include the California Medical Association, California Academy of Medicine, American Medical Association, Association Française de Chirurgie of Paris, and a Fellow of the American College of Surgeons, of which he was one of the founders. He was in command of Base Hospital No. 47 during World War I, with rank of major, but was promoted to the rank of colonel in France and received citation by General Pershing in 1919.

An indefatigable worker, he contributed many articles to surgical literature, spreading his fame to Europe, where he went for postgraduate work. He made many friends among the prominent surgeons of France and Germany, and spoke the language of both those countries fluently. His attitude toward ethics was uncompromising, and he had the utmost respect for the profession and his intimate associates. His failing health after his retirement kept him away from medical activities, but his loss is regretted by a host of former patients and medical friends.

LAWRENCE H. HOFFMAN, M. D.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. A. E. ANDERSON.....President
MRS. WILLIAM C. BOECK.....Chairman on Publicity
MRS. KARL O. VON HAGEN.....Asst. Chairman on Publicity

The January meeting of the San Francisco Auxiliary was one of the largest meetings of the year, with over one hundred members and guests present. Dr. Leo Stanley, Medical Director of San Quentin Prison, spoke on "Men at Their Worst," and he presented a vivid picture of prison life.

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The Monterey group held a benefit bridge tea on January 22 at the Hotel Del Monte. Three hundred members and guests attended, and the proceeds will be used to purchase equipment for the children's ward at the El Sausal Sanitarium in Salinas. Last year, four radios were donated to the ward.

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Fifty members attended the February 3 meeting in Santa Clara, and fifty-eight were present in Fresno.

† As county Auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Karl O. Von Hagen, Assistant Chairman on Publicity, 2435 Nottingham Avenue, Los Angeles. Address of the Chairman on Publicity: Mrs. William C. Boeck, 712 North Maple Drive, Beverly Hills.

For roster of officers of state and county auxiliaries, see advertising page 6.

The San Diego membership has had another very active month. They helped the San Diego Medical Society plan the symposium on military medical preparedness which was held at the Hotel del Coronado early in February. The meeting was sponsored by the California Medical Society in conjunction with the local Society and the Army, Navy, and Marine Corps. The purpose of the meeting was to make a study of the physician's place in national defense. The Auxiliary entertained the officers' and doctors' wives at teas, dinners, and musicales. San Diego's president, Mrs. R. Emerson Bond, and her Program Chairman, Mrs. E. Hal Kelley, are to be congratulated for their part in making the convention a great success.

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State President Mrs. A. E. Anderson attended the Sacramento Auxiliary meeting in January. During the evening three money awards were presented to the winners of oratorical contests sponsored by the Sacramento Society. The contestants were students of two local high schools and the Junior College, and participants selected their subjects from a list supplied by a committee chosen by the Auxiliary. The subjects chosen by the winners were: "Conquest of Contagion"; "How Sports Took the Place of War"; and "Health Education and Quackery."

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Mrs. Anderson also favored the Los Angeles group with a visit during January and delighted a large audience with an address on aims, projects, and ideals of the Auxiliary. Dr. Harry Wilson, President of the California Medical Association, Dr. Thomas C. Myers, President of the Los Angeles County Medical Association, and Dr. John Rud-dock, Council Chairman, attended the same meeting.

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The San Mateo group met at dinner and were joined by their husbands on January 22. The guest speaker of the evening was Dr. J. C. Geiger, Director of Public Health for the City and County of San Francisco, whose subject was "Public Health in the Orient." Doctor Geiger pointed out that the most prevalent disease in China is tuberculosis and not cholera or leprosy, as is commonly supposed.

CALIFORNIA PHYSICIANS SERVICE†

Membership

September, 1939	1,220
March, 1940	9,322
September, 1940	17,398
February, 27, 1941	22,549

The Epidemic Has Struck!—During December, 20 per cent more patients were cared for than in any average month so far. This is directly due to the epidemic of acute respiratory infections which apparently reached its peak in that month. Membership increased in December a total of 1,003 members, which was a 5 per cent increase over November. During the same period the number of patients treated increased from 3,501 in November to 4,275 in December, or an increase of 22 per cent. The number of units

of service rendered during the same period increased from 17,007 during November to 21,603 in December, or an increase of 27 per cent. During November 1,105 patients were treated for respiratory infections. During December this figure increased to 1,999, or an increase of 80.9 per cent. There were 5,086 units of service rendered for the treatment of respiratory conditions in November. In December this figure had increased to 9,498, an increase of 86.6 per cent.

This increase in incidence of respiratory infection has resulted in lowering the December unit value. By using about \$2,000 from the stabilization fund accumulated during the summer and early fall, it is possible to pay \$1.10 instead of substantially less.

Most of this additional work was done by the general practitioners among our professional members, and under our unit system all professional members share with them in the decrease in the unit, thus distributing the burden of the epidemic evenly over the professional membership which has so loyally supported California Physicians' Service.

We have not yet calculated the incidence of respiratory infection in January and February and cannot anticipate its incidence in March, but it would seem that experience will be no worse than in December, and that with the apparent subsidence of the epidemic, conditions will return to a more normal basis.

Statistical Report

Further review of statistical data covering services rendered during the month of December indicates that 76.3 per cent of the total number of units were for general medical care, 11.4 per cent for surgical, 4.9 per cent for x-ray, 5 per cent for laboratory, and 2.4 per cent represented refractions. The average number of units of service rendered per case was 5; payments to doctors totaled \$23,796, or an average check per doctor of \$13.45 to the 1,767 doctors in the state who participated during the month.

The distribution of patients among doctors was as follows:

825 doctors saw	1 patient each
404 doctors saw	2 patients each
203 doctors saw	3 patients each
117 doctors saw	4 patients each
73 doctors saw	5 patients each
52 doctors saw	6 patients each
32 doctors saw	7 patients each
14 doctors saw	8 patients each
9 doctors saw	10 patients each
10 doctors saw	11 patients each
2 doctors saw	12 patients each
2 doctors saw	13 patients each
5 doctors saw	14 patients each
1 doctor saw	16 patients
1 doctor saw	17 patients
1 doctor saw	18 patients
1 doctor saw	21 patients
1 doctor saw	22 patients
1 doctor saw	34 patients

Board of Trustees—Meetings

The February meeting of the Board of Trustees of California Physicians' Service was held in Los Angeles on Sunday, February 2, at the headquarters of the Los Angeles County Medical Society. The meeting was attended by deputy medical directors, administrative members, and representatives from various county societies. At the invitation of Dr. Frank R. Makinson, recently elected trustee from Alameda County, the March meeting will be held in Oakland.

†Address: California Physicians' Service, 333 Pine Street, San Francisco. Telephone EXbrook 3211. Alson Kilgore, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

National Health Defense

California has taken the lead over all other states in the nation in America's national defense problem No. 2, "National Health Defense," as outlined by President Roosevelt in recent talks on National Defense.

President Roosevelt and leading physicians of the nation have stressed the fact that "Health Defense" is as important as the actual National Defense program of constructing airplanes and munitions, Dr. Ray Lyman Wilbur, President of California Physicians' Service, said today.

California Physicians' Service provisions for taking care of the industrial workers in aircraft factories, munitions plants, and all other arms of national defense manufacturing will be featured in the Los Angeles Health Defense Exposition at the Shrine Auditorium on February 2 to 9, Doctor Wilbur pointed out.

"The medical, surgical and hospital service offered all employee groups in California at a nominal monthly rate will do much toward keeping the workers in our vital national defense industries in this State in good health," Doctor Wilbur said.

"President Roosevelt and Dr. Irvin Abell, chairman of health and medical committee of the national defense council, have both stressed that loss of working time by skilled workers in national defense crafts is as vital as actual casualties in combat.

"Through California Physicians' Service by which more than 1,000 employee groups in the State now benefit, the national defense need of proper health for industrial workers is available throughout California," he said.

Doctor Wilbur pointed out that more than 5,000 California physicians are actively participating in the California Physicians' Service which, together with the Associated Hospital Service of Southern California, provides medical and surgical care and hospitalization for any employee groups which may desire to participate.—Los Angeles *Firestone Park News*, January 30.

CALIFORNIA TUBERCULOSIS ASSOCIATION

Annual Meeting, Del Monte, April 3, 4, and 5

Changing emphasis in tuberculosis control programs and refinements in methods of diagnosis and treatment are the general themes of the clinical and sociological sections of the annual meeting of the California Tuberculosis Association which will be held at Del Monte, April 4, 5, and 6.

Three prominent physicians from the East will be in attendance and appear on the program.

Dr. Kendall Emerson, managing director of the National Tuberculosis Association, will speak on "Changing Emphasis in Case-Finding" and on "Unconquered Frontiers in Tuberculosis Work."

Dr. Arthur J. Vorwald, pathologist and tuberculosis specialist of Saranac Lake, New York, will speak on "Tuberculosis Cavitation" at one of the clinical sections and on "Pathology of Bronchiectasis, Including Its Relation to Tuberculosis" at the symposium on bronchiectasis.

Dr. Brian Blades, surgeon of Barnes Hospital, St. Louis, Missouri, will speak on "Diagnosis and Treatment of Bronchiectasis."

Programs of the clinical sections are scheduled for Friday morning, April 4, and Saturday morning, April 5. In addition to the papers listed above, the following papers will be given: Pulmonary Abscess, Differential Diagnosis from Tuberculosis and Treatment, by Dr. A. Lincoln Brown, San Francisco; Bronchoscopy in Relation to Diseases of the Chest, by Dr. Lyman A. Brewer, Los Angeles; Correlation of Laminagraph and Autopsy Findings, by Dr. Emil Bogen and Dr. W. R. Oechsli, Olive View Sanatorium; Calcified Lesions of the Chest, by Dr. Charles E. Smith, San Francisco; the Role of Fluoroscopic Diagnosis of Tuberculosis and Chest Disease, by Dr. L. Henry Garland, San Francisco.

Leading the discussions on these papers are the following physicians: William Lister Rogers, H. Brodie Stephens and William C. Voorsanger of San Francisco, Edward W. Hayes and J. J. Singer of Los Angeles, Sumner Everingham and Harold J. Trimble of Oakland, C. B. Gorham of Monterey, F. P. O'Hara of San Diego.

Chairmen of the two programs are: Dr. Paul C. Samson of Oakland and Dr. Howard W. Bosworth of Los Angeles.

On the evening of April 3, there will be held the x-ray symposium conducted by eminent chest physicians. On Friday afternoon, April 4, there will be a symposium on bronchiectasis which includes a panel discussion led by Doctor Vorwald in the field of pathology, Doctor Blades in the field of surgery, and Dr. J. J. Singer in the field of medicine.

Of special interest to administrators of public health and tuberculosis workers are the sessions on job analysis, changing emphasis in case-finding and new frontiers in tuberculosis work. Appearing on these programs are: Doctors Kendall Emerson, Sidney J. Shipman, George M. Uhl, Bertram P. Brown, William P. Shepard, Charles L. Ianne, R. H. Sundberg, Donald A. Dallas, Merl Lee Pindell, Ellis D. Sox, John L. Gompertz, Harry Warren, and representative social workers, public health nurses and Tuberculosis Association officials.

Delegates from the sixty-two local tuberculosis associations will hold their annual business meeting. Meeting at the same time are the California Trudeau Society, the California Conference of Tuberculosis Secretaries, the Monterey Medical Society, and the Board of Directors of the California Tuberculosis Association.

The program for the annual conference is prepared by the committee from the California Trudeau Society, headed by Dr. John C. Sharp and assisting him, Dr. Paul C. Samson and Dr. Howard W. Bosworth. Other members of the general program committee are: Miss Rena Haig, Chief of the Division of Nursing, State Board of Health; Mr. E. P. VonAllmen, Executive Secretary of the Alameda County Tuberculosis Association; and Miss Helen Beckley, Secretary of the San Francisco Health Council. Dr. Sidney J. Shipman, past president of the California Tuberculosis Association, is general chairman of the Program Committee.

Medical Education Congress Topics.—"This year special emphasis is placed on medical preparedness as it affects the training of physicians," *The Journal of the American Medical Association* for January 25 points out in announcing that the Thirty-Seventh Annual Congress on Medical Education and Licensure, under the sponsorship of the Association's Council on Medical Education and Hospitals, will be held on February 17 and 18 at the Palmer House, Chicago.

"In these conferences the Federation of State Medical Boards actively participate," *The Journal* says. "Other topics to be presented are the adjustment of medical education to social demand, the contribution of liberal education to professional training, the educational purpose of the standard nomenclature of disease, and the education of the negro physician. Of particular interest to members of licensing boards will be papers dealing with the legal status of physicians and the enforcement of medical practice laws. All who may be interested are invited to attend."

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings.†

California Medical Association, Hotel Del Monte, Del Monte, California, May 5-8, 1941.

American Medical Association, Cleveland, Ohio, June 2-6, 1941.

American College of Physicians, Statler Hotel, Boston, April 21-25, 1941.

Medical Broadcasts.*

American Medical Association Series of Radio Programs: Every Wednesday, 7:30 p. m., Pacific Time, Over Blue Network.—*Doctors at Work* is the title of the sixth annual series of dramatized radio programs to be presented by the American Medical Association and the National Broadcasting Company.

The series was opened on Wednesday, November 13, 1940, to run for thirty consecutive weeks, closing with a broadcast from the American Medical Association meeting at Cleveland on June 3, 1941. The program is scheduled for 10:30 p. m., Eastern standard time (9:30, Central; 8:30, Mountain; 7:30, Pacific time) over the Blue Network, other NBC stations, and Canadian stations.

The programs will dramatize what modern medicine offers the individual in the way of opportunities for better health and the more successful treatment of disease. Incidental to this main theme, the programs will explain the characteristics of the different fields of modern medicine and its specialties.

"Doctors at Work" will be broadcast from scripts by William J. Murphy, NBC script writer and author of many previous American Medical Association and NBC "shows" and other popular radio features. It will be produced under the direction of J. Clinton Stanley, director of "Medicine in the News," last season's successful American Medical Association and NBC health program. Supervision will be by the American Medical Association Bureau of Health Education, directed by Dr. W. W. Bauer.

These programs are broadcast on what is known in radio as a sustaining basis; that is, the time is furnished gratis by the radio network and local stations and no revenue is derived from the programs. Therefore, local stations may or may not take the programs, at their discretion, except those stations which are owned and operated by the National Broadcasting Company.

Descriptive posters for local distribution may be had gratis from the Bureau of Health Education, American Medical Association, 535 North Dearborn Street, Chicago. Program titles will be announced weekly in *The Journal of the American Medical Association* (see J. A. M. A. index under *Radio Broadcasts*) and monthly in *Hygeia*, *The Health Magazine*.

† In the front advertising section of *The Journal of the American Medical Association*, various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

NOTE: On April 2 and 9, the American Medical Association radio broadcasts will feature Cancer Control. Stations include Blue Network of the National Broadcasting Company. Time for the series: Wednesdays at 7:30 p. m.

American Medical Association Broadcasts: "Medicine in the News."—The American Medical Association and the National Broadcasting Company have announced "Medicine in the News," on timely topics from medical news of the week. Thursdays, 4:30 p. m., Eastern standard time (1:30 p. m., Pacific standard time), Blue Network, coast to coast. Thirty weeks. Opened on November 2, 1939. Facts, drama, entertainment, music.

Pacific States:

KECA	Los Angeles	KEX	Portland
KFSD	San Diego	KJR	Seattle
KGO	San Francisco	KTMS	Santa Barbara
	KGA	Spokane	

Los Angeles County Medical Association.

The following is the Los Angeles County Medical Association's radio broadcast schedule for the month of March, 1941.

Saturday, March 1—KFI, 9:45 a. m., The Road of Health.

Saturday, March 1—KFAC, 10:15 a. m., Your Doctor and You.

Saturday, March 8—KFI, 9:45 a. m., The Road of Health.

Saturday, March 8—KFAC, 10:15 a. m., Your Doctor and You.

Saturday, March 15—KFI, 9:45 a. m., The Road of Health.

Saturday, March 15—KFAC, 10:15 a. m., Your Doctor and You.

Saturday, March 22—KFI, 9:45 a. m., The Road of Health.

Saturday, March 22—KFAC, 10:15 a. m., Your Doctor and You.

Saturday, March 29—KFI, 9:45 a. m., The Road of Health.

Saturday, March 29—KFAC, 10:15 a. m., Your Doctor and You.

Donation to California Medical Association Archives.

The official journal of the California Medical Association brought off the press its first number in November, 1902, as the *California State Journal of Medicine*, under the editorship of its founder, the late Philip Mills Jones. The first volume of the OFFICIAL JOURNAL is now a rare publication. Dr. Thomas C. McCleave of Berkeley recently brought to the editorial office, for deposit in the Association archives, his bound copy of Volume I, a gift much appreciated, and for which thanks are extended.

Britain Asks Closer Control of Medical Aid.—Chairman Norman H. Davis announced here that the British Ministry of Health has notified the American Red Cross that in the future all British requests for doctors, nurses, hospital supplies and surgical equipment would be referred to the American Red Cross through the British Red Cross.

The British statement was made, Mr. Davis said, in an effort to coördinate the relief activities and to conserve vital shipping space and priorities for the types of medical supplies most needed in Great Britain.

California State Medical Bowling Association.—The following letter has been received:

To the Editor:—Kindly insert the following item in CALIFORNIA AND WESTERN MEDICINE:

"It is the desire of a number of medical men of California to organize a bowling league consisting of men, all of whom are members of the California State Medical Association, to be known as the California State Medical Bowling Association. We will meet yearly in the convention city of the California State Medical Association to bowl in tournament matches to determine the championship team for the state. This year, at Monterey, we would like each county represented by one five-man team so that we can develop a permanent organization at that time. At this tournament can be determined the best team to represent the state at a tournament to be held at Cleveland at the time of the American Medical Association Convention, where a national bowling organization may be formed on a permanent basis. County societies that have teams or can organize a team, kindly communicate with Dr. Lewis Wine Bremerman, 1709 West Eighth Street, Los Angeles, California."

American College of Surgeons to Hold Sectional Meeting in Salt Lake City.—March 26, 27, and 28 have been set as the dates for a sectional meeting of the American College of Surgeons in which the states of Oregon, Washington, California, Nevada, Idaho, Wyoming, New Mexico, Arizona, Colorado, Montana, and Utah will participate. Headquarters will be at the Hotel Utah in Salt Lake City.

The five approved hospitals of Salt Lake City will provide an excellent clinical background for the College meeting. They will hold operative and nonoperative clinics each morning during the meeting, and will also hold demonstrations of hospital procedures for the hospital executives who will attend the Hospital Conference, which will be sponsored by the College during the same three days. The University of Utah School of Medicine will arrange anatomical, pathological, and other demonstrations.

Distinguished surgeons from all parts of the country will address the scientific sessions and lead the conferences and panel discussions. At the headquarters hotel there will be educational and scientific exhibits and showing of motion pictures portraying surgical and hospital procedures. Daily bulletins will be issued listing the various clinics, sessions, conferences, and other events of each day. A large public meeting at the Mormon Tabernacle on the subject of "Conservation of Health" on the evening of the third day will be the final feature.

A preliminary list of speakers includes the following Californians: Dr. Verne C. Hunt, Dr. E. Eric Larson, and Dr. Charles T. Sturgeon of Los Angeles; Dr. Charles A. Dukes of Oakland; Dr. Howard C. Naffziger, Dr. H. Glenn Bell, Dr. Leo Eloesser, and Dr. Emile Holman of San Francisco; and Dr. John H. Woolsey of Woodland; from Colorado, Dr. George B. Kent, Dr. George B. Packard, Dr. Casper F. Hegner, and Dr. C. Walter Metz of Denver; from Montana, Dr. Frank L. McPhail of Great Falls; from Oregon, Dr. Ralph C. Matson and Dr. Adalbert G. Bettman of Portland; from Washington, Dr. Paul G. Flothow of Seattle; from Utah, Dr. Howard P. Kirtley, Dr. Leland R. Cowan, and Dr. Ray T. Woolsey of Salt Lake City; from Chicago, Dr. Michael L. Mason; from Cleveland, Dr. Charles C. Higgins; from New Orleans, Dr. Alton Ochsner; from Durham, North Carolina, Dr. Edwin C. Hamblen; and from New York City, Dr. Frank E. Adair.

Signed, California State Executive Committee: Verne C. Hunt, M. D., Los Angeles; Emile Holman, M. D., San Francisco; Clarence E. Rees, M. D., San Diego; Alson R. Kilgore, M. D., San Francisco; and John Homer Woolsey, M. D., Woodland.

Psittacosis Control.—In Southern California, during the month of December, 6,339 shell parakeets and 882 larger psittacine birds were shipped out of the state under authorizations from this department. Eighty-one aviaries were inspected, and 110 shell parakeets were destroyed in an aviary proved infected with psittacosis. Psittacosis infection was reported by the Wisconsin and the Connecticut State Health Departments in two persons and the infection traced to shell parakeets purchased in California. Birds from certain aviaries were placed under quarantine. Beginning January 1, no shell parakeets can be shipped out of California, and plans are under way to test all psittacine aviaries in the state to determine where the infected birds are.

Cleveland Opens First Health Museum in United States.—The first independent museum of health in this country, the Cleveland Museum of Health, was opened recently under medical and civic leadership and the technical direction of Dr. B. Bebbard.

Containing three dimensional models of the body mechanisms, animated diagrams, and other displays relating to various body functions and health problems, the Museum of Health's exhibits are planned to interest as well as educate the citizens of this city.

Other permanent health exhibits are established at the Rosenwald museum in Chicago, the Toledo Museum of Science, the Buffalo Museum of Science, and the New York Museum of Science and Industry.

Social Hygiene and Defense.—An outstanding public health event of the Los Angeles Health Defense week in Los Angeles was a conference on Social Hygiene on Wednesday, February 5, under the auspices of the American Social Hygiene Association. The theme of the three sessions was the control of syphilis and gonorrhea as related to the concentration of men in the national defense preparedness program.

This theme was discussed by representatives of the Army, Navy, United States Public Health Service, various civic groups, Police Department, State V. D. Bureau, and by Dr. Walter Clarke, Executive Director of the American Social Hygiene Association.

During the first World War, it was stated, syphilis and gonorrhea together caused a loss of 7,000,000 man-days to the Army, a loss not exceeded by that due to any other cause, except battle wounds and influenza.

Oxnoxious Odors from Oil Refineries.—Complaints by San Francisco residents of offensive odors attributed to gases emanating from oil refineries in the East Bay area were investigated recently at the request of the San Francisco City Health Department. Inspections of refineries and other industrial establishments in Alameda and Contra Costa counties revealed that these companies are taking every possible precaution to prevent the escape of poisonous and malodorous gases and fumes from processes in which these substances are generated or evolved as by-products. No cases of illness which might be due to such atmospheric contaminants were found among employees of the plants or among residents in the vicinity of the plants. Highly sensitive test papers, posted at locations where the complaints originated, showed that poisonous gases which might emanate from industrial establishments were not reaching these points in demonstrable quantities.

Under certain atmospheric and weather conditions, disagreeable-smelling gases and fumes from plants in the East Bay region are evidently carried across the Bay in sufficient quantities to be perceptible by the sense of smell, thus creating an odor nuisance to San Francisco residents; but there is no evidence to indicate that such gases travel more than a few hundred feet from their source in concentrations sufficiently great to be detrimental to health.

Optometry School Established.—Separate schools of optometry and architecture have been established by the regents of the University of California upon recommendation of President Robert G. Sproul. The Board met in Los Angeles. By this action was established the School of Optometry, leading to the degree of Bachelor of Science.

In explaining the action, President Sproul said:

"At present the curricula in architecture and in optometry are administered within the College of Letters and Science. However, because of their technical nature, it is felt that these curricula are not properly placed in a college whose chief concern is to provide curricula 'designed to acquaint students with several areas of knowledge, to give breadth of culture and to offer opportunity to acquire the discipline to be derived from extensive study of some main field of intellectual activity.' Because of this lack of harmony between the objectives of the curricula in architecture and optometry, and the objectives of the College of Letters and Science, it is believed that the establishment of definite units responsible for each of the technical curricula and the guidance of the students pursuing those curricula will result in more effective administration of the curricula than is now possible, and at the same time will free the authorities of the College of Letters and Science from the necessity of supervising activities that are not germane to the main purpose of the College."

Vital Statistics.—The provisional reports of the United States Census Bureau show a total of 1,387,797 deaths in 1939 for some forty-five states, as compared with 1,381,391 in 1938.

The mortality rates from the following diseases were the lowest reported during the past five years: Typhoid and paratyphoid fever, measles, scarlet fever, diphtheria, encephalitis, meningitis, tuberculosis, malaria, pellagra, pneumonia, digestive diseases, diarrhea and enteritis (under two years), nephritis, and accidents, including automobile accidents.

The death rate from pneumonia was unusually low in 1939, due to the more extensive use of diagnostic techniques and of new methods of treatment.

The widespread safety campaign against automobile accidents contributed to a decreased death rate from this cause for the second consecutive year. The provisional rate for fatal automobile accidents was 23.7 per 100,000 population for 1939, 20 per cent less than the corresponding rate of 1937, in which year the highest death rate from this cause was reported.

Mortality from each of the four principal communicable diseases of childhood—measles, whooping cough, scarlet fever, and diphtheria—decreased appreciably for 1939. The death rate from diphtheria has declined nearly 50 per cent during the past five years.

The principal diseases for which higher mortality rates were reported in 1939 than in 1938 are: influenza, cancer, diabetes, cerebral hemorrhage, and heart disease.

Cancer, diabetes, cerebral hemorrhage, and heart disease, are primarily disorders of middle adult life and old age, and the increase in deaths from these causes is largely due to the ageing of the population. The rise in each instance, except in diabetes, was less than 4 per cent over the rate for 1938.

The provisional infant mortality rate of 47 per 1,000 live births was the lowest on record and represents a decline of 15 per cent during the past five years. Only five states reported higher rates in 1939 than in 1938.

After a temporary increase in 1937 and 1938, the birth rate declined about 2 per cent during 1939. Twenty-eight of the forty-six states reported decreases. The crude rate of natural increase of 6.6 per 1,000 population in 1939 was slightly less than that recorded in 1938, namely, 7.0 per 1,000.

The Journal of Clinical Endocrinology.—This new journal will cover the practical aspects of endocrine medicine and will be issued monthly on the tenth of each month, beginning on January 10, 1941. Twelve issues will be published in 1941. The twelve issues will constitute Volume 1. Each issue will contain about ninety pages of text. Correspondence on editorial matters and manuscripts should be sent to Dr. Milton Lee, Managing Editor, 25 Shattuck Street, Boston, Massachusetts.

A Secretary's Lament.—The Hollywood Junior Chamber of Commerce presents:

If a secretary writes a letter, it's too long,
If he sends a postal, it's too short,
If he doesn't send a notice, he's lazy.
If he attends a committee meeting, he's butting in,
If he stays away, he's a shirker.
If he duns the members for dues, he's insulting,
If he fails to collect, he's slipping.
If he asks for advice, he's incompetent,
If he doesn't, he's bullheaded.
If he writes his reports complete, they're too long,
If he condenses them, they're incomplete.
If he talks on a subject, he's trying to run things,
If he remains quiet, he's lost interest in the meetings.

Ashes to ashes,
Dust to dust,
If others won't do it,
The secretary must.

World Health.—World conditions were not conducive to good reporting of quarantinable diseases during the calendar year 1939. The Public Health Service continued to receive reports from officers of the Service, American consulates, and international health organizations. Incidence of disease here recorded can do no more than indicate the trends; actual numbers would no doubt exceed those reported. Owing to present war conditions, no accurate information can be obtained for large areas of the world.

The reported world prevalence and mortality of smallpox in 1939 was 164,771 cases and 33,026 deaths, as compared with 124,269 cases and 26,148 deaths in 1938. The 129,615 cases and 30,134 deaths in India alone exceeded world totals for 1938. A decline was registered in the United States, with 9,877 cases of smallpox in 1939, as compared with 14,939 in 1938; Belgian Congo reported 6,731 cases in 1939.

A total of 38,700 cases of plague was reported with more than 22,000 deaths in 1939. India alone reported 38,078 cases and 20,718 deaths. Plague was prevalent also in Uganda, Ecuador, Thailand, Brazil, Belgian Congo, Java, and Madura, which reported 1,543 deaths.

America's Conquest of Bovine Tuberculosis Is Public Health Triumph.—The Bureau of Animal Industry of the United States Department of Agriculture has officially recognized the conquest of bovine tuberculosis by declaring the whole State of California a "modified accredited area," a term signifying the practical eradication of the disease from the herds of the state.

Dr. John R. Mohler, Chief of the Bureau, stated:

"The attainment of this goal exemplifies the diligent efforts of cattle owners, public officials, and other coöperators, over a period of some two score years. Many organizations sympathetic with the objectives of reducing economic loss and at the same time removing a menace to human health have given valiant support."

Although testing of cattle has been carried on for twenty years in California, real progress was not made until the passage of the O'Donnell Bill by the State Legislature in

1937. This bill, support for which was gained throughout the state by the California Tuberculosis Association and the California Dairy Council, made available \$1,500,000 of state funds during the biennium for the eradication of bovine tuberculosis. This amount was matched by Federal funds.

Throughout the nation the conquest has cost one-quarter of a billion dollars, but it has added a half-billion dollars a year to the agricultural income of the nation.

In commenting on the success of the conquest, Surgeon-General Parran calls it one of the greatest forward steps in public health, making America the envy of all nations.

California Holds United States Wine-Drinking Crown.—California far outstrips any other state in the nation in production and consumption of wine, according to figures published in a new bulletin of the University of California College of Agriculture.

In 1938, for example, the bulletin shows that California consumed approximately six times as much commercial wine per capita as any other state. The state's per capita consumption in that year was 3.14 gallons, as compared with a national average of .54 gallons.

At the present time, says the bulletin, California produces more than 80 per cent of wine made in the United States. The 1939 commercial production in the state reached 68,000,000 gallons. Dessert and appetizer wines account for the largest percentage of this production, although the bulk of wines produced in the world are table wines. According to the bulletin, increased consumption of wines of both classes is expected in the future.

Entitled, "Commercial Production of Table Wines," the bulletin was written by Doctors M. A. Amerine and M. A. Joslyn of the College of Agriculture. It may be obtained free of charge from the College of Agriculture, Giannini Hall, on the Berkeley campus or from county offices of the Agricultural Extension Service.

Predict Increase of Insanity Among Elderly.—There will be a huge increase in mental disease of the aged in America if present trends continue, Dr. Oscar Kaplan, University of California psychologist, predicted recently.

Doctor Kaplan, who has just completed a study of the psychopathology of later life, said that the increase in insanity in America in recent years is due largely to a rise in the number of persons above forty-five being admitted to institutions.

He pointed out that in 1937 approximately 49.5 per cent of all first admissions to state hospitals in the United States were more than forty-five years of age.

On the basis of present trends the percentage of persons above sixty-five in the United States will double in the next thirty or forty years, and Doctor Kaplan says that this in itself will add greatly to the number of older demented.

Other factors which will lead to an increase in the number of elder mental cases admitted to institutions include:

The increase in population of the United States as a whole means that the absolute number of persons above forty-five will be greatly increased.

The improvement in public institutions and resultant rise in public confidence will make relatives more willing to part with troublesome older members of the family.

The trend toward urbanization, although it has been arrested in many places by the development of suburban areas, may make it necessary for families to give elder psychotics over to institutions. Urbanization creates problems unknown to simpler society; it is easier to care for seniles on a farm than in a city.

Better diagnosis may result in more commitments.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Surgeons Elect Stanford Man

Dr. Philip K. Gilman Chosen President Here by Pacific Coast Group

Dr. Philip K. Gilman, professor of surgery at Stanford University, is the newly elected president of the Pacific Coast Surgical Association.

By special invitation of Mayor Rossi of San Francisco, the Golden Gate City will be hostess at the next convention of the surgeons, one year hence. But today they will be at Santa Anita.

The doctors closed the formal and scientific sessions of their four-day convention at the Ambassador Hotel yesterday morning, adjourning to attend a luncheon and reception at the home of their retiring president Dr. Charles F. Sturgeon, 173 S. Hudson Avenue.

Discussions during the final session included observations on an operation for relief of bilateral abductor cord paralysis by Dr. Brian T. King; remarks on an instrument for retraction of viscera during peritoneoscopy, by Doctors Samuel Robinson and L. Gordon Fiske; hyperparathyroidism, by Dr. H. S. Chapman; carcinoma following hysterectomy, by Dr. Raymond E. Watkins, and an appliance for colostomy control, by Dr. Otis F. Lamson.

Besides Doctor Gilman, president, other officers selected include Dr. William J. Norris of Los Angeles, vice-president; Dr. R. D. Forbes, Seattle abdominal surgeon, second vice-president, and Dr. Frederick Reichert, professor of neuro-surgery at Stanford, secretary.—*Los Angeles Times*, February 22.

* * *

Surgeons Learn of Caltech Work

Man-made Lightning, Plant Hormones and Vitamins Need Explained

Man-made lightning inside and nature's own variety outside intrigued fifty members of the Pacific Coast Surgical Association who visited the California Institute of Technology yesterday.

They were shown about the school by Dr. Hardin Craig, Jr., who explained the workings of the special equipment in the "1,000,000-volt laboratory," displayed the 20-inch telescope mirror and other wonders.

The surgeons are meeting in a four-day convention in Los Angeles, with business sessions at the Ambassador Hotel.

The medical men viewed the latest work in heredity in the Kerckhoff Biological Laboratory and learned of plant hormones in the Caltech greenhouse.

Only speaker on the morning program at the Institute of Technology was Dr. Henry Borsook, who explained the part vitamins are destined to play in the national defense effort of the United States.

Doctor Borsook described the Caltech plan whereby staple foods are soon to be fortified by vitamins before they reach the shelves of the grocery stores. He stressed the need for specific vitamins for selected groups—such as aviators.—*Los Angeles Times*, February 2.

* * *

Medics Face Antitrust Laws Trial

Washington, February 5 (AP).—Three medical societies and twenty-one of the country's leading physicians were summoned today to stand trial in district court on once-quashed charges of violating the Sherman antitrust act.

The government after almost three years of litigation brought back for consideration an anti-monopoly suit against the American Medical Association, the District of Columbia Medical Society, the Harris County, Texas, Medical Society and the twenty-one physicians.

The societies and the individuals were indicted by a District of Columbia grand jury on charges of "acting in restraint of trade" in refusing to cooperate with physicians of Group Health Association, an organization of federal government employees providing medical service on a prepayment basis.

In July, 1940, Justice James M. Proctor of the federal district court quashed the grand jury's indictment, terming it a "highly colored, argumentative discourse." His opinion was reversed, however, by the United States court of appeals and the case was remanded to district court.—*San Francisco Call-Bulletin*, February 5.

Medical Trust Action Opens in U. S. Court

Washington, February 5 (UP).—The unprecedented trial of the American Medical Association and some of the nation's most noted doctors on charges that they conspired to violate federal antitrust laws opens today in United States district court.

Justice James M. Proctor will preside over proceedings which are expected to consume a month or more. Government attorneys will try to prove that the American Medical Association, two of its affiliated organizations and twenty officers sought to use the American Medical Association's prestige to defeat a venture in cooperative medicine.

The allegations of the government arise from the American Medical Association's purported policy to "hinder" the development of group health organizations which offer complete medical care on a risk-sharing basis.

Specifically, the defendants are accused of attempting to impede the operation of Group Health Association, Inc., a cooperative organized by low-income government employees which maintains a staff of doctors to treat its members. Members contribute a monthly sum, similar to dues, for the protection.

Asserting that the American Medical Association carried tremendous weight in the medical affairs of the country, the grand jury charged that the defendants tried to prevent Group Health from obtaining qualified physicians and to bar Group Health doctors from consulting with American Medical Association members by threats to expel Group Health physicians and cooperating doctors from local societies.—Porterville Recorder, February 5.

* * *

Doctors Open Trust Defense; Charge Held 'Impertinent'

Washington, February 5 (AP).—Opening its defense against charges of monopolistic practices, the American Medical Association argued today that portions of the government's original indictment were "argumentative discourse, redundant, impertinent or scandalous."

Attorneys for the Association made their protest to Justice James M. Proctor of Federal District Court, who once quashed the indictment on the grounds that it was a "highly colored, argumentative discourse."

The indictment charges that the medical association "pursued a policy of opposition to organization" of groups providing prepaid medical care.

This and other statements, the attorneys added, "constitute vague, indefinite and uncertain conjectural conclusions" which should be disregarded in the trial of the case.

Justice Proctor reserved decision on the defense plea until the jury is ready to hear testimony. Proctor held the indictment invalid in July, 1939, but he was reversed by the United States Court of Appeals for the District of Columbia.

In addition to the American Medical Association, twenty individuals physicians and the medical societies of the District of Columbia and of Harris County, Texas, are named in the indictment. That document declares they conspired to restrain trade by collaborating to restrict the practice of individual physicians, thus violating the Sherman anti-trust law.

The indictment charges specifically that officers and members of the Association and the two medical societies conspired against Group Health Association, an organization of government employees providing medical care on a prepaid basis.

The individuals and groups named are charged with excluding physicians from Washington hospitals, refusing consultations with and declining to cooperate with practicing doctors in the employ of the Group Health organization.

Because of the fear of "business competition," the indictment says, the organizations and the individual defendants "have pursued a policy of opposition to experimentation" with prepaid medical care.

Defense attorneys contended that such statements are definitely "prejudicial."—Los Angeles Times, February 6.

* * *

American Medical Association Doctors Charge Fraud to Enemies

Claim Group Health Misused Fund Set Up by HOLC

Washington (AP).—The American Medical Association, defending itself against a monopoly charge, yesterday asserted through an attorney that an organization set up to provide federal employees with medical care on a prepayment basis had misused public funds.

The American Medical Association, two affiliated societies, and twenty prominent physicians are on trial in

federal court on charges of violating the anti-trust laws by conducting a drive against the other medical organization, which is known as Group Health Association.

Used HOLC Funds

William E. Leahy, one of the counsel defending the American Medical Association, declared that Group Health, as a private organization of employees, had used \$40,000 in government funds from the sick benefit pool of the Home Owners Loan Corporation to set up a clinic and hire physicians.

In a previous opening statement to the jury, Grant W. Kelleher, special assistant to Attorney-General Robert Jackson, had declared that the American Medical Association and co-defendants sought to interfere with Group Health "because they feared the economic competition" which might bring down the cost of medical care.

Face Expulsion

Kelleher told the jury that the physicians of Group Health had been denied use of hospital facilities in Washington, and were threatened with expulsion from medical societies.

He describes as "co-conspirators" the District of Columbia Medical Society, the Harris County, Texas, Medical Society, five officers of the American Medical Association and fifteen physicians practicing in Washington.

These organizations and individuals formed a "boycott to regulate the practice of medicine" not only in the District of Columbia but also in Texas, California, Wisconsin and other places, Kelleher added.—Sacramento Union, February 7.

* * *

Coöperative Clinic Lauded

American Medical Association Trial

Washington, February 7 (UP).—Dr. Hugh Cabot, Boston surgeon and a leader in the cooperative medicine movement, testified today at the government's antitrust action against the American Medical Association that group medical practice is not a new untested innovation, but has been in existence many years.

Defense attorneys for the American Medical Association, three affiliated societies and twenty prominent physicians told the court in opening statements yesterday that group medical practice was an experiment and does not merit community dependence.

The American Medical Association and the other defendants are under indictment on charges of restraining and hindering the operation of Group Health Association, Inc., a government-sponsored cooperative providing medical care for dues-paying members on a risk-sharing basis.

"Grouping of doctors for purposes of more effective practice goes back many years," Doctor Cabot testified. He described operation of the Mayo Clinic at Rochester, Minnesota, where until recently he was consulting surgeon. Doctors there are paid on a salary basis. He said the clinic was the first private groups of doctors to utilize the "advantage of close relationship" among specialized colleagues.

Doctor Cabot testified "good, adequate and sufficient" medical care can be furnished by a cooperative health enterprise if the membership is large enough. He listed several cooperative clinics which he said had furnished satisfactory care on a prepayment basis.

Doctor Cabot said that the cost of medical care has increased "enormously" from the time of the general practitioner with his "little black bag." It is very difficult for families having less than \$3,500 income annually to obtain on a fee basis all the medical care that is desirable, he testified.—San Francisco Chronicle, February 8.

* * *

Discoverer of Insulin Killed in Plane Crash

War Mission to England Ends in Tragedy

Ottawa, February 24 (AP).—Sir Frederick Grant Banting, one of the great benefactors of mankind as co-discoverer of insulin and Nobel Prize winner, was killed along with two other men in a military plane that crashed in the snowy wastes of Newfoundland last Friday while on a secret war mission to Britain, it became known tonight.

Of the four in the plane, only the pilot, Joseph Creighton Mackey of Kansas City, survived.

He traced out in the drifts a terse message telling of the deaths of Sir Frederick and the others, so that searchers who sighted the wreckage from the air knew the extent of the tragedy even before a ski plane could land to rescue Mackey.

The plane was spotted near Musgrave Harbor on Newfoundland's east coast about 140 miles by air northwest of St. John's.

Important Mission

The secrecy surrounding the flight was cleared only to the extent by a statement by Prime Minister W. L. Mackenzie King that Sir Frederick "was proceeding to Britain on a mission of high national and scientific importance." He added that Sir Frederick was working on medical problems associated with "the speed, height and low temperatures involved in the operation of modern aircraft."

Sir Frederick, who was 49, enlisted in the Canadian Expeditionary Force in the last war and won the Military Cross for attending the wounded under fire at Cambrai, France, where he was wounded in one arm.

In 1921 he began collaboration with Dr. Charles H. Best in research into diabetes.

Discovery that removal of the pancreas resulted in diabetes in animals had been made as early as 1889, two years before Banting's birth.

Extract Insulin

It remained for Banting and Best in 1922 to extract insulin from the pancreas and to discover that injections of this substance checked the ravages of diabetes.—*San Francisco Examiner*, February 25.

* * *

Health Exhibit Draws Throngs

Secrets of Laboratory Unveiled to Public at Shrine Auditorium

Health and hygiene brought down to the level of the layman with hundreds of exhibits and motion pictures, are attracting thousands of visitors to the Health Defense Exposition at the Shrine Auditorium.

Information on the many ills to which men and women are heir is available at no cost to the public together with free literature.

It is the first time that the public has been brought "backstage" into the medical and dental laboratory.

For example, it was pointed out, one may learn among other things, how to wash the baby, watch replicas of the human organs in process, see the methods physicians use in making blood tests and test his chewing ability.

The exposition, sponsored jointly by the Los Angeles County Medical Association and the Los Angeles County Dental Society, will be open every day from 1 p. m. until 10 p. m. through Sunday.—*Los Angeles Times*, February 6.

* * *

Toll of Accidents Last Year 96,500

Safety Council Reports 9,100,000 Others Hurt

Chicago, January 31 (AP).—The National Safety Council today reported that 96,500 persons were killed in accidents in the United States last year.

Another 9,100,000 were injured.

It estimated the economic loss, including medical expense, property damage, lost wages and the overhead cost of insurance, at \$3,500,000,000.

The council said that the 1940 death toll was 4 per cent—or almost 4,000 lives—greater than it was in 1939.

This was the first increase over a preceding year since 1936, but the council said that it was far from the highest on record. In 1936 there were 110,052 deaths.

Half of the 1940 increase, the council said, came from traffic accidents, with occupational accidents accounting for most of the remainder.—*Los Angeles Times*, February 1.

* * *

Wilbur Sees Defense Peril

Stanford President Warns Against Speed in Medical Training

Chicago, February 17 (AP).—Warning that speeding up medical training would bring "unsatisfactory" results, Dr. Ray Lyman Wilbur, noted educator and physician, today declared that America's national defense crisis must not interfere with the medical educational needs of the country's men and women.

Doctor Wilbur, president of Stanford University and former Secretary of the Interior, said that the nation's "great mass operation of defense extends certain of our activities and limits others, but in no way does it change the essential fact that the defense of a great democracy will require as many, if not more, thoroughly trained medical men as in the times of peace."

Sounds Warning

In his address at the thirty-seventh annual congress on medical education and licensure, Doctor Wilbur, a former president of the American Medical Association, said that "we who represent medical schools and medical institutions should take the active responsibility of seeing that medical institutions are not hampered or destroyed or even materially handicapped."

"We must see that they are kept at their task of preparing as large a number of well-trained men and women in the field of medicine as physical and clinical facilities permit."

The former Cabinet member suggested enactment of legislation so that no medical student will be drafted or volunteer for service, and that those who are proposing to study medicine will be given "adequate trial before they are drafted into some other line of duty."—*Los Angeles Times*, February 18.

* * *

Nation to Lose in Population

Census Bureau Predicts Decline if Present Trends Continue

Washington, January 30 (AP).—The Census Bureau said today that if present trends continue the population of the United States will dwindle, rather than increase.

Calculations from sample figures of the 1940 census, the bureau said in a statement, indicate that on the basis of present birth and death rates the population will decline 4 per cent per generation.

Change in Decade

If trends in evidence in 1930 had continued, the bureau said, the nation would have increased its numbers at the rate of 11 per cent per generation, but sometime during the ten years major changes occurred in the birth and death rates.

Furthermore, the bureau said that "if present birth and death rates continue, the nonwhite population of this country will, in the long run, increase at the rate of about 7 per cent per generation, while the white population (including the Mexicans) will decrease at the rate of about 5 per cent per generation."

Same Percentage

The bureau indicated the calculations were made by complicated formulae which took into account not only birth and death rates, but also the average age of the population and its fertility.

The bureau announced yesterday that from the same sampling process it had found that the 1940 percentage of white population was 89.8, exactly the same as ten years ago.—*Los Angeles Times*, January 31.

* * *

Medical Financing in Defense Hit

Fishbein Asks Money for Blood Plasma Supply

Chicago, February 16 (AP).—Dr. Morris Fishbein, editor of the *Journal of the American Medical Association*, today declared that the medical profession is "pitifully underfinanced" by the government in carrying out its "essential and gigantic task" in the national defense program.

"America's physicians serve gladly, but they must be supplied with the means," he told the fifteenth annual national conference on medical service.

"The Army asks for production of 50,000 quarts of blood plasma annually," Doctor Fishbein said, "and this necessitates examination of 600,000 persons, of whom only 200,000 will become donors. Five pieces of apparatus in the country can process this material. Such jobs need money for men, equipment and training."—*Los Angeles Times*, February 17.

Blowflies May Carry Organisms Which Are Dangerous to Man.—While there are no true poisons emitted by blowflies or contained in their bodies, such flies may carry organisms to human beings which may cause digestive disturbances or the onset of diseases such as dysentery or typhoid, *The Journal of the American Medical Association* for March 1 says, in answer to inquiries about the possible ill effects from swallowing flies.

"Blowflies breed in decaying animal matter and feed on various types of organic debris," *The Journal* explains. "They are, therefore, more or less laden with germs of various kinds."

"There are instances in which blowflies have been swallowed without producing any ill effects. P. F. Fattig of Emory University reports having twenty-five different people drink carbonated water in which from one to several green bottle flies had been soaked for several days. No ill effects were observed by any of these persons."

MEDICAL JURISPRUDENCE†

By HARTLEY F. PEART, ESQ.
San Francisco

Associations to Furnish List of "Bad Risk" Patients: Legal Pitfalls

Many physicians have often asked the question: What are the possibilities of having a bureau of some sort which would compile a continuous list of persons in the district who fail to pay doctors' bills and furnish the list to physicians so that they won't "get caught." With the many credit associations furnishing credit information to merchants, both wholesale and retail, it would, at first blush, seem that there could be no objection to such a plan. However, the many ramifications of the law relating to libel requires that the matter be approached with care.

Section 45 of the California Civil Code reads as follows:

Libel is a false and unprivileged publication by writing, printing, effigy, or other fixed representation to the eye, which exposes any person to hatred, contempt, ridicule, or obloquy, or which causes him to be shunned or avoided, or which has a tendency to injure him in his occupation.

Section 47 provides:

A privileged publication is one made . . . 3. In a communication, without malice, to a person interested therein, (1) by one who is also interested, or (2) by one who stands in such relation to the person interested as to afford a reasonable ground for supposing the motive for the communication innocent, or (3) who is requested by the person interested to give the information. . . .

and Section 48:

In the cases provided for in subdivisions three, four, and five, of the preceding section, malice is not inferred from the communication or publication.

What would be the effect of these statutes on the situation at hand? Only one California case has been found which is at all helpful, namely, *Ingrahm vs. Lyon*, 105 Cal. 254. Here defendants were members of a Merchants' Protective and Collection Association and caused to be entered upon the "black list" the following: "When entered, February 13, 1892; name of delinquent debtor, George Ingrahm; occupation, porter; residence, 718 Henry Street; when account closed, month, January, day, second, year, 1892, amount, \$1,425, by whom reported, J. L. Lyon & Son." Plaintiff alleged that the entering of one's name on the "black list" meant, and was intended to inform the members of the association that plaintiff was a person engaged in creating debts which he did not pay or intend to pay, and was dishonest and wholly unfit and unworthy of credit; that plaintiff's name had been entered out of pure malice; that the list was distributed to and read by various merchants throughout the city; and that the statement was untrue. The Court held that such allegations could be the basis for the recovery of damages if proved.

Many cases have arisen in other states under statutes similar to those in California, but their holdings are far from uniform. Generally, however, they are to the effect that when the person's name is simply published with a statement of the amount that he owes, the publication does not constitute a libel in the absence of malice. If, however, the publication goes to the extent of claiming that the persons whose names are published therein as delinquent debtors are unworthy of credit and should not be given credit, the publication is not privileged and constitutes a libel. In *McDonald vs. Lee*, 92 Atl. 135, L. R. A. 1916B, 915, it was held that it is not libelous *per se* (libel of the sort that no actual damage need be proved) for a member of a medical association of a particular city to contribute the name of a slow-pay patient to a list prepared by the association for its own use if it is printed in such a manner

that no one but a member of the association would know its meaning. In *Putnal vs. Inman*, 80 So. 316, 3 A. L. R. 1580, it was held that merchants have the right to organize for their own protection and enter into mutual agreements for the purpose of giving each other the benefit of their knowledge about those in the community who meet their obligations promptly and those who do not; and a communication on this subject, made by a member of the association to the other members, is privileged if made in good faith and in such a manner and on such an occasion as to properly serve the purposes of the association. However, in *Turner vs. Brien*, 167 N. W. 584, 3 A. L. R. 1585, it was held that where a merchant caused a name to be published in a merchant's credit book to the effect that the merchant would not extend further credit to that person and that he would require cash and it was further shown that the merchant's real purpose was not just to inform the other members but to intimidate the debtor into paying his bill, libel had been committed.

Several conclusions may be drawn from the statutes and cases on this subject, as follows:

First, it can be said that so long as no member or employee of the association makes a mistake and publishes the name of one as an untrustworthy debtor who is in fact *not* such a person, the truth of the statements concerning the debtor would be a complete defense to any civil suit for libel.

Second, it can be conceded that the members of such an association would have a mutual interest sufficient to bring them within the privilege granted by Section 47 of the Civil Code, which privilege is, however, conditioned upon lack of malice.

Third, malice could be inferred from the use by a member of the "black list" as a means of coercing a patient into paying a bill.

In view of the latter element it is suggested that the safest system would be one in which the members report only the fact that a certain amount has been owed by the patient for a certain period of time, completely omitting any reference to the patient's trustworthiness. As a matter of fact, the physician is often aware of the amount owing, but not of the reasons why a bill has not been paid; reasons that might completely eliminate the element of untrustworthiness.

So far nothing has been said concerning criminal libel. Concerning this, it is important to note that the truth of the publication is not a defense to a criminal charge. However, there is no offense unless there is a malicious intent to injure the debtor, and for that reason the author will not discuss the criminal phase of libel in detail.

Raw Vegetable Juices.—Raw vegetable juices are not only likely to have a high bacterial count, but may even carry contagious disease germs, *Hygeia*, *The Health Magazine* warns.

Pasteurization or modern processes of canning vegetable juices destroy bacteria and harmful disease germs and thus make the juice safe for consumption.

Such juice contains water-soluble carbohydrates, minerals, and vitamins. However, *Hygeia* says, "most of the fiber from the vegetable will be left behind and discarded, as will also that portion of the carbohydrate, mineral salts, and vitamins which is not soluble in water. The substances left behind are as much needed for promoting health, especially the fiber, to prevent constipation, as are those obtained in the fruit juices. Provitamin A (carotene) is present largely in the suspended particles of vegetable juices. Therefore, separation of the juice from the pulp removes a large proportion of this vitamin.

"Hence, if one eats a sufficient quantity of whole vegetables, raw in salads or properly cooked, he will be just as well or better off from a nutritional point of view than if he takes the juices alone."

†Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from and syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIV, No. 3, March, 1916

From Some Editorial Notes:

State Society Meeting, April 1916, Fresno!! Fresno!! Fresno!!—April 18, 19, 20; remember the dates; Tuesday, Wednesday, and Thursday.

See elsewhere in this number of the *Journal* for the preliminary program of the scientific sessions.

There will be an interesting discussion of the insurance situation from a number of angles, and probably the discussion will be profitable to all. . . .

Do not fail to attend this meeting. Note the dates right now—April 18, 19, 20. Fresno. Must go. Headquarters hotel is the Hotel Fresno, and all the sessions will be held in that hotel.

The roads will be in fine shape, and those who like motoring*—and who does not?—will enjoy their trip, as well as their visit to this one of our most progressive of the many valley towns.

♦ ♦ ♦

Your Office.—Some questions that were casually asked a short time ago have suggested a note from time to time on little things connected with the office of the State Society and its methods of doing business. There are three large steel safes in the office; not burglar-proof, but reasonably fire-proof; that is, any ordinary fire in the rooms or the building would not attack them seriously. Two of them are quite full and the other is about half-full—of records. All the reports of county society membership since the Fire [1906] are bound and put away in these safes. All correspondence relating to suits for damages for alleged malpractice, or threats, or rumors of threats, are also bound and filed away. All documents in every such case when it is finally terminated, are kept and filed; these files are not yet complete, as many documents are still in the offices of our attorneys; but they will all be duly filed in time. What for? So that we may at any time have at hand all the information possible about any physician who has been or is a member. . . .

From an Original Article on "Case Recording," by H. D'Arcy Power, M.D., San Francisco.—Presumably, the majority of people hold the Ten Commandments in respect, and at least profess an attempt to adhere to them. The same is true of case recording, but it is much to be feared that in both cases profession takes the place of compliance. One of our prominent statesmen has been accused of rediscovering the Ten Commandments and of being a distributor of platitudinous aphorisms. I might be accused of something similar in the subject matter of my paper tonight, as it is something over eighteen years ago [1898] when I first called the attention of the profession in California to the importance of the matter, and have repeatedly dwelt upon it since. But if one may judge from the records of the average office, and from the experience which occasionally crops up in court evidence, there is still ample need for hammering away until the teaching sticks. The matter has been particularly impressed upon me in the last few months, because of the new call on members of the medical profession to be prepared at all times to

(Continued in Front Advertising Section, Page 18)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

* Advice of twenty-five years ago, regarding Fresno, applies with equal force to Del Monte, May 5-8, 1941.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By CHARLES B. PINKHAM, M. D.

Secretary-Treasurer

News

"Governor Culbert L. Olson has named Dr. Norman F. Sprague, Los Angeles osteopathic physician and surgeon, to the California State Board of Health." (*Hollywood Citizen*, January 28, 1941.)

"The Superior Court was asked today to define the boundaries of medical services which 'drugless practitioners' can render legally. The suit was directed by Wayne S. Poston, Rosemead practitioner, against the State Board of Medical Examiners and Sterling Brooks, special board agent, for the purpose of clearing up 'confusion existing as to the rights of drugless practitioners licensed by the board.' Poston, who said he was a licensed practitioner with a degree from the state-recognized 'Los Angeles College of Drugless Physicians,' alleged that Brooks visited his office last August 13, and threw havoc into his routine because of services he was told he could not render. Among those were, he said: Use of antiseptics, disinfectants or germicides in practice; use of pituitrin or ergot in obstetrical cases, even in emergencies; make blood tests for diagnostic purposes; use of term 'physical medicine' in his practice, or on professional cards, even though his doctor's degree from the licensed local college gave him the title.

"All of this, Poston said, had placed him in the position of discontinuing his practice, or living in constant fear of criminal prosecution, if the privileges of his profession were not defined by court. . . ." (*Hollywood Citizen-News*, February 5, 1941.)

Among other bills signed by Governor Olson February 4, 1941, was Assembly Bill 303 (Cronin), which exempts from annual tax all licentiates who are full-time medical officers in the U. S. Army, Navy, Marine or Public Health Service. The bill is now recorded as Chapter 21 of the Statutes of 1941.

"If there's a lower standard of intelligence in the jury box, the fault belongs to the legal profession, Federal Judge Merrill E. Otis believes. In a talk on the subject here Judge Otis laid the blame particularly upon lawyers who are members of legislatures for tolerating the present standard of intelligence for jury service. Remarking that there has been a 100-year battle on one hundred fronts between those who want intelligence in the jury box and those who don't, the judge said:

"In this country exemption has been granted to almost every class of citizens who might be presumed to be unusually intelligent. Almost all highly educated men are exempt. They are lawyers, doctors, the clergy, teachers and members of other learned professions. Educated men are exempted, not because they asked it or desired it, but because some lawyers in legislatures have not desired educated men as jurors."

"Judge Otis said he had been on the federal bench for sixteen years and had been a member of the Bar for thirty years, but he wouldn't pull his punches when he touched on the legal profession's responsibility for low-grade juries. There are men who are members of the Bar, the greatest of all professions, I think, who want jelly-fish jurors, putty

(Continued in Front Advertising Section, Page 24)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.



THESE STANDARDS
help assure

NORMAL WEIGHT GAIN

TOGETHER

... WITH EXCELLENT TISSUE TURGOR AND PROPER BONE STRUCTURE:

- 1 A suitable fat, easily digested, readily assimilated.
- 2 A protein that provides the amino acids essential for adequate nutrition and growth.
- 3 Lactose in correct proportion to protein and fat.
- 4 10 mg. Iron and Ammonium Citrate per quart.
- 5 Vitamins A, B₁ and D in adequate amounts.
- 6 20 calories per ounce.

S.M.A.,* when diluted ready to feed, meets these standards.

S.M.A. gives excellent nutritional results—consistently, economically.

Normal infants relish S.M.A. . . . digest it easily and thrive on it.

" " "

*S.M.A., a trade mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrates and ash, in chemical constants of the fat and physical properties.



FOR PREMATURE AND UNDERNOURISHED INFANTS
A Special Product

PROTEIN S.M.A.
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Protein S.M.A. (acidulated) is a modified form of S.M.A., intended to meet the special nutritional needs of the premature and undernourished infant and for infants requiring a high protein intake.

Protein S.M.A. (acidulated) is similar to both casein milk and lactic acid milk, but presents additional nutritional elements lacking in both.



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Monrovia, California

AN INSTITUTION FOR DIAGNOSIS AND THERAPY

CHOICE rooms and bungalows at rates ranging from \$35 per week up, including medical service, general nursing, x-rays, routine laboratory examinations, ordinary medicines and therapeutic pneumothorax.

A few accommodations as low as \$25 per week assigned on special application in selected cases. In the foothills of the Sierra Madre Mountains, thirty-five miles from the ocean. Surrounded by beautiful gardens.

Close medical supervision. Aside from tuberculosis, special attention is given to asthma, bronchiectasis, lung abscess and kindred diseases.

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To the Medical Profession

May we suggest **CALSO WATER** as a vehicle for supplying your alkalinity when administering Sulfanilamide to your patients.

CALSO is not a laxative and contains no sulphate.

SPARKLING

PALATABLE

25 Years Ethical

CALSO WATER CO.

524 Gough St. • San Francisco

BOARD OF MEDICAL EXAMINERS

(Continued from Front Advertising Section, Page 30)

this case,' Judge Welsh ruled, 'the plaintiff has established, by a preponderance of the evidence, its right to the decree sought herein; that said defendant had not at the time of filing his petition for naturalization, on August 1, 1930, resided continuously in the United States for at least five years prior thereto or in the county of San Francisco for at least six months prior to the filing of said petition.' The court also charged that Erben 'in his application for naturalization and petition for citizenship, and while under oath before naturalization examiners and before this court during the proceedings for his admission to citizenship, knowingly concealed and made false statements concerning material facts relating to absence from the United States subsequent to his original entry March 10, 1924.' . . . Hennessy, in his brief, stated Erben's activities have varied from being a surgeon with the International Brigade in an anarchist hospital in Madrid, Spain, to being a medical officer aboard the supply ship of former German cruiser *Graf Spee*, and from doing research in tropical diseases to being a menial in the steward's department aboard ship." (Sacramento Bee, January 29, 1941.)

"Trial of three persons charged with an illegal operation opened in district court before Judge B. F. Curler this morning. The defendants are Mrs. Ruth Barnett, Paul Cushing and Reginald Rankin. A fourth defendant, Valentine St. John, who was charged with the others, has not yet been apprehended. The charge is an outgrowth of a raid by county officers last November, in which seven persons were charged with conspiracy to commit an illegal operation. Charles against two of the original seven were

(Continued on Page 36) .



SULFATHIAZOLE *Winthrop*

Another
**IMPORTANT
CHAPTER**
in
**ANTIBACTERIAL
CHEMOTHERAPY**

SULFATHIAZOLE constitutes an additional triumph of chemotherapeutic research which has proved of great value to clinical medicine.

PNEUMOCOCCUS INFECTIONS . . . Thousands of cases of pneumococcus pneumonia have responded with dramatic promptness to Sulfathiazole. In comparison with its pyridine analogue, Sulfathiazole is less likely to cause serious nausea or to provoke vomiting.

STAPHYLOCOCCUS INFECTIONS . . . With Sulfathiazole, the mortality rate of staphylococcus septicemia has been strikingly reduced. Thus, in a series of fifteen reported cases, all of the patients recovered.

GONOCOCCUS INFECTIONS . . . Early cessation of discharge and a high percentage of cures have been reported. Success has been observed in cases resistant to other chemotherapeutic agents.

Write for literature which discusses the indications, dosage and possible side effects of Sulfathiazole.

Specify **SULFATHIAZOLE
WINTHROP**



HOW SUPPLIED: Sulfathiazole-Winthrop is supplied in tablets of 0.5 Gm. (7.72 grains); also (primarily for children) in tablets of 0.25 Gm. (3.86 grains).

For preparing test solutions, powder in bottles of 5 Gm.

Winthrop **CHEMICAL COMPANY, INC.**

Pharmaceuticals of merit for the physician

NEW YORK, N. Y. - WINDSOR, ONT.



Las Encinas Sanitarium . . . Pasadena, California

INTERNAL MEDICINE INCLUDING NERVOUS DISEASES

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For More Than a Third of a Century

ACOUSTICON

Has Served the Clients of the Medical Profession

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LET US DEMONSTRATE WHAT ACOUSTICON CAN DO FOR YOUR DEAFENED PATIENTS

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Acousticon is accepted by the Council of Physical Therapy of the American Medical Association



CONVENIENT—Overnight service to most points in California.

SAFE—Used in increasing numbers by out-of-town business houses.

ECONOMICAL—Saves money because it saves valuable time.

CROCKER FIRST NATIONAL BANK

OF SAN FRANCISCO

California's Oldest National Bank

Member Federal Deposit Insurance Corporation

BOARD OF MEDICAL EXAMINERS

(Continued from Page 34)

subsequently dismissed at the request of District Attorney E. S. Brown, and extradition proceedings against a third man were dropped. With the arrests, officers closed a suite of offices in a local business building in which they alleged the illegal operations took place. Most of today's session was taken up with the selection of a jury. District Attorney Ernest Brown represented the state while Judge H. W. Edwards represented Mrs. Barnett, and Cushing and Rankin had as their attorney, Anthony Turano of Reno. He was assisted by Harry Henderson of California." (Reno *Evening Gazette*, February 10, 1941.) Reginald Rankin and Alfred Henry Valentine St. John were prosecuted in California in connection with the Pacific Coast abortion ring, concerning which an article was printed in the 1936 Annual Report of the Board of Medical Examiners.

"Charged with violating the State Medical Practice Act, Henry Newsom, asserted La Habra 'cultist,' late yesterday was found guilty by the jury at the trial held in Police Judge Frank Tausch's court. . . . Newsom, who took the stand Thursday, had explained at length the science of characteristics, asserting that they in no way embodied teachings from the Bible, and denied that he had at any time given medical prescription for healing those who came to him for information or who attended his lectures. He said that the course was patterned after the exact science of characteristics copyrighted by Robert Lee Clark of Hollywood. The 'science,' so termed by Newsom, has to do with analyzing of name and birth in which, said Newsom, do not always fit the personality involved; and from information derived from the birth date, must be changed.

(Continued on Page 38)

The swaddled infant pictured at right is one of the famous works in terra cotta exquisitely modeled by the fifteenth century Italian sculptor, Andrea della Robbia. In that day infants were bandaged from birth to preserve the symmetry of their bodies, but still the gibbous spine and distorted limbs of severe rickets often made their appearance.



A bambino from the Foundling Hospital, Florence, Italy, — A. della Robbia

Glisson, writing in 1671, described an ingenious use of swaddling bands — "first crossing the Brest and coming under the Armpits, then about the Head and under the Chin and then receiving the hands by two handles, so that it is a pleasure to see the Child hanging pendulous in the Air . . . This kind of Exercise . . . helpeth to restore the crooked Bones. . . ."

STRAPPED FOR RICKETS

SWADDLING was practised down through the centuries, from Biblical times to Glisson's day, in the vain hope that it would prevent the deformities of rickets. Even in sunny Italy swaddling was a prevailing custom, recommended by that early pediatrician, Soranus of Ephesus, who discoursed on "Why the Majority of Roman Children are Distorted."

"This is observed to happen more in the neighborhood of Rome than in other places," he wrote. "If no one oversees the infant's movements, his limbs do in the generality of cases become twisted. . . .

Hence, when he first begins to sit he must be propped by swathings of bandages. . . ." Hundreds of years later swaddling was still prevalent in Italy, as attested by the sculptures of the della Robbias and their contemporaries. For in-

fants who were strong Glisson suggested placing "Leaden Shooes" on their feet and suspending them with swaddling bands in mid-air.

How amazed the ancients would have been to know that bones can be helped to grow straight simply by internal administration of a few drops of Oleum Percomorphum. What to them would have been a miracle has become a commonplace of science. Because it can be administered in drop dosage, Oleum Percomorphum is especially suitable for young

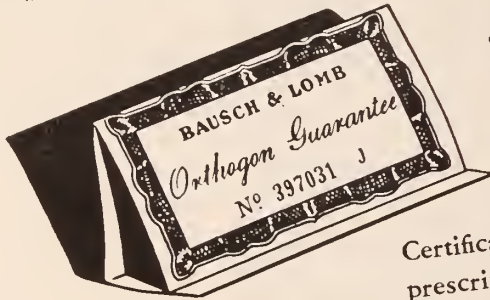
and premature infants, who are most susceptible to rickets. Its vitamins derived from natural sources, this product is rich in vitamins A and D. Important also to your patients, Oleum Percomorphum is an economical antiricketic.

Oleum Percomorphum offers not less than 60,000 U.S.P. vitamin A units and 8,500 U.S.P. vitamin D units per gram. Supplied in 10 and 50 c.c. bottles, also in boxes of 25 and 100 ten-drop soluble gelatin capsules containing not less than 13,300 vitamin A units and 1,850 vitamin D units.

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Certificates which we provide with every prescription for Orthogon, Panoptik, Orthogon "D," Nokrome, Loxit, Balcor, Soft-Lite and Ray-Ban are your best protection against unethical competition. They identify what you supply, acquaint patients with advantages of quality optical products: You profit by their understanding and confidence.

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PAYSON-BURNS
1365 Wishon Street • Fresno

LOCAL DISTRIBUTORS WANTED

BOARD OF MEDICAL EXAMINERS

(Continued from Page 36)

... Witnesses testified that Newsom, the defendant, had informed them life held no mysteries for him: that by looking at a person he could tell what would cause his death, and when he would die. . . ." (Anaheim Bulletin, January 18, 1941.)

"Dr. Francis Delano Coltrin, 82, former Fullerton physician, who was sentenced to San Quentin in 1935 for an illegal operation that was followed by death of a 17-year-old Santa Ana high school girl, today filed an appeal for pardon with Governor Culbert L. Olson, according to advices from Sacramento. Doctor Coltrin served three years in prison, then was granted his liberty on parole by the State Parole Board in 1938. He is now seeking a full pardon, with restoration of citizenship and civil rights." (Santa Ana Register, January 18, 1941.)

"Dr. Laura Miner, chiropractor alleged to have violated the business and professional standards act by prescribing medicine for a woman patient, yesterday was acquitted by a jury in Judge Philip Smith's court. . . . Yesterday's ac-

quittal was the second for Doctor Miner. Several years ago she was arrested in connection with operations of an alleged abortion ring here and was freed by a jury." (San Diego Union, December 27, 1940.)

"An oversight on the part of Harold Nimon, of Fullerton, who has been practicing medicine in Orange for several months, to secure a state license to practice medicine, landed him in jail today. . . ." (Orange News, December 28, 1940.)

"Where and under what name, and with what forged credentials will Koba next turn up?" In 1931 a suave and dapper young Japanese, who posed as a physician and surgeon in Little Tokio circles, was unexpectedly exposed when the Federal Bureau of Investigation report was published here. Tsuneyoshi Koba, sometimes referred to as Lawrence Tsuneyoshi Koba, hastily left town for destinations unknown. . . . On March 26, 1932, the *Journal of the American Medical Association* published an item regarding the party in question. . . ." (Los Angeles Japanese News, December 23, 1940.) (See *Journal of the American Medical Association*, August 1, 1931, page 339; also *JOURNAL*, January 20, 1934, page 221.)

(Continued on Page 40)

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Cigarette information worth knowing*

*Philip Morris do not claim to cure
irritation but they do say this:*

62.3%

of the cases of irritation of the nose
and throat due to smoking cleared
completely on changing to Philip
Morris.

37.7%

the balance, showed definite improve-
ment.

100% benefited

**From tests reported by Laryngoscope,
Feb. 1935. Vol. XLV, No. 2, 149-154*

PHILIP MORRIS & CO., LTD., INC., 119 FIFTH AVENUE, NEW YORK

The Alexander Sanatorium, Inc.

BELMONT, CALIFORNIA

Ideal climate, only 45 minutes from San Francisco, nestled in the beautiful hills of Belmont. Modern buildings surrounded by gorgeous gardens. Homelike accommodations. Every essential for the treatment of patients requiring rest provided.

Specializing in the treatment of nervous, mental, and debilitating states.
Specially equipped for metrazol and insulin therapy.

MRS. ANNETTE ALEXANDER, *President*

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Now EVERY Doctor Can Fit a Pessary

**with the use of Bach Pessalator and
Bach Soft Rubber Pessary**

- No complicated system of sizes.
- Easy, accurate placement possible by use of Pessalator. Small in size—no metal in rim.
- Pessalator made of special plastic, pessary of treated rubber, formed on precision molds.
- Price: Pessalator and Pessary \$1.50 each. Samples (limited) 60% discount.

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Instruction circular on request

KING AMBULANCE COMPANY

Transporting the Sick since 1906

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**2570 Bush Street
SAN FRANCISCO**

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"THE NAME TELLS THE STORY"

Formulated by a Doctor of Medicine for Sensitive Skins

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PHYSICIANS FORMULA COSMETICS, Inc., 3823 Wilshire Blvd., Los Angeles

BOARD OF MEDICAL EXAMINERS

(Continued from Page 38)

"What State Narcotics Division agents called 'the most flagrant law violation by medical men in the division's history,' was alleged yesterday against two San Francisco physicians, Dr. A. H. Taylor and Dr. A. E. Meyers. They were arraigned before Municipal Judge Frank W. Dunn, following arrest in their downtown offices Wednesday afternoon, and a night spent in jail. . . . 'They've been using practically all their prescription blanks for narcotics,' declared Chief Inspector Joseph O'Ferrall of the state division. 'We know of about twenty addicts who have received

prescriptions from both doctors. Some of the addicts have already been taken in custody and more arrests will follow.' . . . Both defendants were released from custody after Judge Dunn fixed bail at \$2,000 bond or \$1,000 cash." (San Francisco *Examiner*, January 10, 1941.)

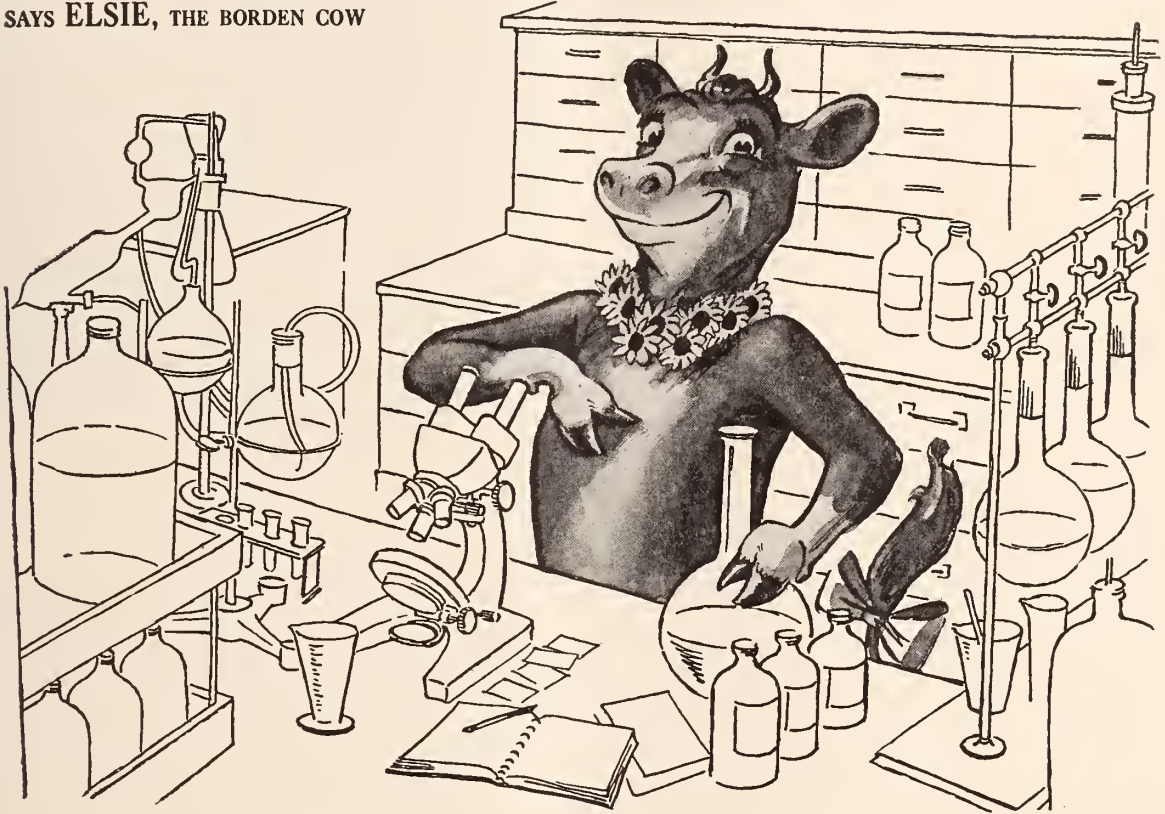
"Dr. H. D. Mayers, of Fall River Mills, was arrested by State Traffic Officer Ross Cable Tuesday on a charge of driving while intoxicated, the district attorney's office here was notified. No disposition has yet been made of the case. Doctor Mayers was fined \$125 by Justice of the Peace F. M. Callison, and granted one year's probation when he

(Continued on Page 42)

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"All the practice we've had may be of some help in your practice..."

SAYS ELSIE, THE BORDEN COW



"WE AT BORDEN," says Elsie, *"have made such a life work of turning out the finest milk and milk products, that we think you might like to be reminded of four particularly helpful Borden Prescription Products..."*

BIOLAC is the new and distinctive liquid infant food with reduced fat level, high protein concentration, and lactose addition—enriched with iron and vitamins A, B, and D. It is homogenized, evaporated, sterilized. Biolac gives the formula baby breast-like nutritional and digestional advantages, and is convenient and economical for the mother.

BETA LACTOSE is the most soluble and most palatable milk

sugar (nature's sole carbohydrate for the first months of mammalian life). When used as the only sugar in infant feeding, Beta Lactose helps maintain normal and natural intestinal conditions.

DRYCO is irradiated powdered milk of moderate fat and high protein content, modified to compensate for important biological differences between cow's milk and breast milk. Dryco is designed to meet the need for a safe, flexible

milk product for infant formulas.

KLIM is powdered whole milk, with nothing added in manufacture. It is a uniform, safe, always available source of pure milk for whole milk infant formulas.



"Maybe this is a good time to remind you, too, that all Borden's Prescription Infant Foods are made from my Board-of-Health-inspected milk."

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Limited Facilities for Part-Pay Treatment

BOARD OF MEDICAL EXAMINERS

(Continued from Page 40)

pleaded guilty on the charge Tuesday." (Redding Searchlight, January 16, 1941.)

"Charged with prescribing diets for ill persons and thereby acting as a physician without a license, Frederick Mazain, local chemist, was fined \$200 and placed on two years' probation yesterday by Justice of the Peace Grandin H. Miller. . . ." (San Jose Mercury-Herald, January 10, 1941.)

"The old medicine man's Kickapoo Indian snake juice that cured anything and everything—supposedly—had nothing on the 'Monarch Short Wave Diathermy Machine,' State Medical Board agents said today with the arrest of Harry Epstein, 44. Agent Joseph W. Williams took Epstein in custody yesterday at his offices, 240 Stockton Street, San Francisco, and brought him to Oakland to face charges of diagnosing and treating a patient without a license. . . . Williams said Epstein, representing himself as a doctor, called on Mrs. Sherko and told her that she was suffering from arthritis. She also had a cold. Then, said Williams, Epstein informed the woman that she could be cured completely by using one of his 'diathermy machines' costing \$153. . . ." (Oakland Tribune, January 23, 1941.)

"The \$250 cash bail posted by Dr. Morris M. Kirksey, 44, of Stockton was ordered forfeited by Police Judge Melvin K. Gibbs when Kirksey failed to appear in the police court on a charge of drunken driving. Kirksey, a former Stanford track star, was arrested June 30. At the time of his arrest he was a member of the staff of the Stockton State Hospital." (San Francisco Examiner, January 9, 1941.)



POTENT WHEN GIVEN ORALLY New TESTICULAR HORMONE METANDREN, "Ciba"

METANDREN* exerts true androgenic power when taken by mouth. It is Ciba's synthetic, crystalline, chemically-pure-methyltestosterone. In most cases you administer about 4 mg. of Metandren per os for every mg. of testosterone propionate which you have been injecting. For example, you would give four 10-mg. tablets of Metandren in lieu of one 10-mg. ampule of testosterone propionate.

Indications for Male and Female—Where the physician deems injections inadvisable, for patients who travel, as maintenance therapy in testicular deficiency of: eunuchism, hypogonadism, impotence, the "male climacteric," prostatism, cryptorchidism, certain types of sterility . . . in menopausal disturbance, excessive uterine bleeding, selected dysmenorrheas, to inhibit postpartum lactation.

METANDREN IS ISSUED as scored tablets, 10 mg. each, in boxes of 15 and bottles of 30 and 100 tablets.



DETAILED LITERATURE UPON REQUEST

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... With Most Satisfying Results Secured
Without Costly Waste of Time and Effort

YOUR investment in printing here will bring you a full return of maximum value in each individual piece we produce for you. For the highest standard of efficiency, ensuring sound economy, is maintained at The James H. Barry Company ... from the generous dimensions of the plant to the operation of each step in production.

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The Colfax School for the Tuberculous is located in the pine clad Sierra Nevada foothills, at an elevation of 2,400 feet; an elevation free from the fogs of the valleys and free from extremes of heat or cold.

This Institution supplies, among other advantages:

1. Individual care and supervision under skilled physicians.
2. Education as to the essentials of recovery from, and the prevention of the spread of, disease.
3. Complete laboratory and x-ray equipment.
4. Every proved method of treatment, including pneumothorax and phenic nerve interruption. (Major thoracic surgery referred to skilled thoracic surgeons.)
5. An absence of institutional atmosphere.
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CAPSULES BEVIL

With Ferrous Sulfate

Presenting Liver substance concentrate, Thiamine Hydrochloride and Ferrous Sulfate, combined in a base of high potency yeast powder rich in the factors of the Vitamin B complex, to afford an effective and economical Hematinic.

Each BEVIL Capsule Represents:

Liver Subs. Conc. (1:100).....	0.15 Gm.
(1 Gm. derived from 100 Gms. fresh liver)	
Ferrous Sulfate.....	0.2 Gm.
Thiamine HCl.....	333 Int'l Units

Combined in a base of high potency yeast powder, supplying B complex factors.

SUGGESTED DOSAGE:

Three to six BEVIL capsules per day as recommended by the Physician.

LIST NO. 40

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Liver Conc. with Thiamine
HCl for Parenteral Use

Each One (1) cc. BEVIL Represents:

Liver Liquid, parenteral.....	4 U. S. P. Units
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Available in Ten (10) cc. and Thirty (30) cc.
AMPULOID Serum Vials.

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Twenty-Five Thousand Vitamin A Units U. S. P. XI Now Available in Two-Minim Capsules.—As a result of the demand for a highly potent source of vitamin A unaccompanied by vitamin D, E. R. Squibb & Sons, New York, have added vitamin A Squibb to their already extensive line of vitamin products. Vitamin A Squibb is supplied in tiny capsules of approximately two minims, each containing not less than 25,000 U. S. P. XI units of vitamin A derived from fish-liver oils. The labeled potency is assured by biological tests. . . . Vitamin A Squibb is supplied in bottles of 50, 100, 250, and 1,000 capsules.

New York Polyclinic Medical School and Hospital. The New York Polyclinic Medical School and Hospital, 341-353 West Fiftieth Street, wishes to announce the following:

Dr. Walter C. Alvarez of the Mayo Clinic will deliver a lecture on Friday, April 18, 1941, at 2:30 p. m. on *Puzzling Types of Abdominal Pain*.

Dr. Ralph Moore Tovell, Hartford Hospital, Hartford Connecticut, will deliver a lecture on Friday, May 2, 1941, at 5:30 p. m. on *Regional Anesthesia*.

Leisure, like wealth, comes to him who has skill in planning; it is seldom put to good uses if it is ill got. It will do the possessor most good who has earned it. To have it and not use it makes a miser. To misuse it makes a spendthrift. To use it well is the mark of a wise man.—Leon J. Richardson.

With stupidity and sound digestion men may fret much; but what in these dull unimaginative days are the terrors of conscience to the diseases of the liver?—Carlyle.

Confirmed by Clinical Evidence...

Amniotin Relieves Menopausal Symptoms



THE list of papers attesting to the clinical value of Amniotin in alleviating distressing menopausal symptoms is very substantial in number. As early as 1929 Sevringhaus and Evans¹ reported Amniotin to be "of marked value in the relief of the vasomotor phenomena of the menopause."

Indicative of the effectiveness of this endocrine therapy is the recent statement by Novak² that: "Whereas formerly there was much difference of opinion among clinicians as to the efficacy of hormone treatment, opinion is now unanimous that it is of genuine value. In fact, organotherapy for menopausal symptoms is looked

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¹ Sevringhaus, E. L., and Evans, J. S.: *Am. J. M. Sc.* 178:638, Nov. 1929.

² Novak, Emil: *Surg. Gynec. & Obst.* 70:124, Jan. 1940.

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CONTENTS AND SUBJECT INDEX

ANNUAL SESSION PROGRAM:

See Index on page.....153

PRE-CONVENTION BULLETIN:

See Index on page.....153

EDITORIALS:

Pre-Convention Bulletin: Now Incorporated as Part of the April Issue of the "Official Journal" 208

Del Monte Annual Session: Monday, May 5 to Thursday, May 8, 1941 208

California Legislature: Status of Pending Measures 209

Medical Preparedness 210

Postgraduate Courses in California 210

American Medical Association Trial: Jury's Verdict 211

EDITORIAL COMMENT:

Local Tissues Immunity. By W. H. Manwaring, Stanford University 211

SCIENTIFIC AND GENERAL:

Some Factors Involved in the Care of the Patient Seriously Ill with Biliary Tract Disease. By I. S. Ravdin, Philadelphia, Pennsylvania 212

An Analysis of Causes of Death in Prostatectomy. By John A. Dougherty, Oakland 216

Relationship of Radiology to the Physical World and to Society. By R. R. Newell, San Francisco 218

Development and Clinical Use of Vitamin K. By Garnett Cheney, San Francisco 224

CLINICAL NOTES AND CASE REPORTS:

Retreat to Pharmacology? By Paul G. Fuerstner, San Francisco 227

Acute Subdeltoid Bursitis 228

Hippocrates' Aphorisms. By Moses Scholtz, Arcadia 229

STATE MEDICAL ASSOCIATION:

California Medical Association 230

Official Call 230

Abstract of Minutes, Council Meeting, February 23, 1941 230

California Committee on Medical Preparedness 233

Committee on Postgraduate Activities 234

County Societies 236

Woman's Auxiliary 237

California Physicians' Service 238

MISCELLANY:

News 240

Letters 246

Twenty-Five Years Ago 252

Board of Medical Examiners of the State of California 252

California Medical Directories Adv. pages 2, 4, 6

Book Reviews Adv. page 14

ADVERTISEMENTS:

Index Adv. page 8

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(Continued on Page 5)

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Meeting, *Second Tuesday, 8:00 p. m.*

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Meeting, *First Tuesday, University-Sequoia Club, Fresno.*

Humboldt County Medical Society
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Meeting, *First Thursday.*

Imperial County Medical Society
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Meeting, *Third Tuesday, 7:00 p. m., Barbara Worth Hotel, El Centro.*

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Secretary, Milo K. Tedstrom, 1626 Bush Street, Santa Ana.
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Secretary, C. V. Bernardini, 1410 Medico-Dental Building, 233 A Street, San Diego.
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Secretary, Robert K. Harker, 132 Fourth Street, Oxnard.
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(Continued from Page 3)

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I. Knight, F., and Shelanski, H. A., "Treatment of Acute Anterior Urethritis with Silver Picrate," *Am. J. Syph. Gon. & Ven. Dis.*, 23, 201 (March) 1939.

*Silver Picrate, is a definite crystalline compound of silver and picric acid. It is available in the form of crystals and soluble trituration for the preparation of solutions, suppositories, water-soluble jelly, and powder for vaginal insufflation.

New Sound Film Tells Story of X-Rays in Laymen's Language.—To be released shortly by the General Electric X-Ray Corporation is a new four-reel sound motion picture, "Exploring with X-Rays." The film is strictly educational in nature, having as its purpose the telling of the story of x-rays and their many applications in language easily understandable to people without technical training. Beginning with the discovery in Roentgen's laboratory and his report to the Physical-Medical Society of Wurzburg, the action progresses rapidly through the period of its announcement and early use by pioneering physicians, to illustrations of the medical, dental, veterinary, and industrial applications of x-radiation, and to a simple ABC explanation of the physics of x-ray production by Dr. William D. Coolidge, director of General Electric's research laboratories and inventor of the hot-cathode x-ray tube which bears his name. The picture was professionally produced by Haig and Francisco, of Chicago, and was photographed under the direction of John J. Boland, of Hollywood. Most of the scenes were filmed on the Selznick-International lot, where "Gone With the Wind" was produced, although a large number were made at locations in hospitals and industrial plants from one coast to the other.

The story is concerned with a young medical student who goes to a radiologist for an x-ray examination of his knee, and stays to learn of the many places in which x-rays have proved of great value, discovering, too, that even the majority of industrial applications are connected rather closely with health and safety. Among the characters in the picture are many whose faces will be familiar to movie-goers—including Richard Webb, Joseph Crehan, June Wilkins, Edwin Stanley, Forrester Harvey, and many others.

Designed principally for exhibition before lay audiences, the film will be loaned free of charge, except for transpor-

tation costs, to doctors who are asked to appear before groups such as luncheon clubs, parent-teacher associations, study groups, and technical societies. In order that members of the medical profession and others whose work is closely allied with x-ray may have an opportunity to become acquainted with the contents of the film before it is released generally, "Explorations" will be reserved for a short period for exhibition exclusively before professional society meetings.

A leaflet describing the picture and including instructions for reserving it for exhibition is available from the General Electric X-Ray Corporation in Chicago.

Report Case of Rare Infection Similar to Typhoid.—An instance of an apparently rare blood-stream infection similar to typhoid due to the organism, *Salmonella suipestifer*, is reported by Doctors A. E. Hardison and A. B. Shipley of Nashville, Tennessee, in *The Journal of the American Medical Association* for March 1.

The illness of the patient, a cotton-mill superintendent, lasted for twenty-seven days, during which there were fever and chills followed by vomiting and profuse sweating. Death occurred from respiratory failure. Blood studies suggest that *Salmonella suipestifer* was the causative and not a secondary invading organism, the report says.

A study of possible avenues of infection gave no clue, but the authors say: "The possibility of a rodent-borne infection cannot be dismissed. This condition is rare, judging from reports in the literature. It may be that if thorough laboratory work was done in all cases of prolonged fever and of gastro-enteritis (stomach and intestinal inflammations), the distribution of *Salmonella suipestifer* in man would be found more widespread."

Alphabetical List of ADVERTISERS

	PAGE
Acousticon Institute	20
Adams Springs	8
Alexander Sanatorium	28
Alum Rock Sanatorium	9
American Can Company	31
Arrowhead Springs Hotel	20
Associated Credit Bureaus of America, Inc.	25
Baker Laboratories, The	21
Bank of America	26
Barry Company, The James H.	43
Baxter, Inc., Don	11
Bolin, M. D., Zera E., Pathological Service	22
Borden Company, The	37
Broemmel's Pharmaceuticals	3
Butler Building	5
California Sanatorium	34
Calso Water Company	34
Camp and Co., S. H.	23
Ciba Pharmaceutical Products, Inc.	42
Classified Advertisements	12
Coca-Cola Company	41
Colfax School for the Tuberculous	44
Compton Sanitarium and Las Campanas Hos- pital	20
Cook County Graduate School of Medicine	9
Crocker First National Bank	24
Cutter Laboratory	Fourth Cover
Davis Company, R. B.	Third Cover
Doctors' Business Bureau	10
Four Fifty Sutter	41
French Hospital	16
Greens' Eye Hospital	Second Cover
Hittenberger Company, C. H.	36
Holland Rantos Company, Inc.	39
Ingram Laboratories	44
Jenkel-Davidson Optical Co.	15
King Ambulance Co.	38
La Loma Feliz	12
Las Encinas Sanitarium	22
Lilly & Co., Eli	32
Lincoln & Ulmer, Inc.	36
Livermore Sanitarium	14
Los Angeles Tumor Clinic	15
Luzier's, Inc.	38
M. & R. Dietetic Laboratories, Inc.	17
Mead Johnson and Company	35
Medical Protective Company, The	20
Morning Milk Company	1
National Association of Chewing Gum Manu- facturers	40
Newhouse & Sayre, Inc.	40
New York Polyclinic Medical School and Hos- pital	9
Noble Placement Agency	12
Officers of the California Medical Associa- tion	2, 4, 6
Officers of Miscellaneous Medical Associations ..	6
Owl Drug Company, The	26
Park Sanitarium	30
Parke, Davis & Company	19
Petrolagar Laboratories, Inc.	29
Physicians' Casualty Association and Physi- cians' Health Association	22
Pottenger Sanatorium	34
Riedel-de Haen, Inc.	3
Riggs Optical Company	38
Saint Francis Hospital	30
St. Luke's Hospital	42
St. Mary's Hospital	5
Sandoz Chemical Works, Inc.	28
Sanitube Company, The	30
S. M. A. Corporation	33
Stacey, J. W., Inc.	15
Stearns & Company, Frederick	13
Stuart Oxygen Company	18
Summit Medical Building	15
Twin Pines	10
Upjohn Company, The	27
Vitamin Food Company, Inc.	24
Wilson Laboratories	Second Cover
Wyeth & Brother, Inc., John	7
Zweegman School for Medical Secretaries	12

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Cereal Feeding.—The baby's first solid food always excites the parent's interest. Will he cry? Will he spit it up? Will he try to swallow the spoon? Far more important than the child's "cute" reactions is the fact that figuratively and physiologically, the little fellow is just beginning to eat like a man.

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Many a parent, with limited knowledge of nutrition, attempts to do the baby's tasting for him. Partial to sweets, the mother sweetens her child's cereal. Disliking cod liver oil, she wrinkles her nose and sighs: "Poor child, to have to take such awful stuff!" The child is quick to learn by example, and soon may become poor indeed—in nutrition, as well as in mental habits and psychological adjustment.

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Educational Needs of Children.—Children differ not only in the speed with which they can learn the material presented in school classes, but also in the type of material which meets their needs, Frank L. Beals of Chicago points out in the March issue of *Hygeia, The Health Magazine*.

"Children who are highly endowed do not do the same things more rapidly than children of average intelligence; they do them differently," he says. "Higher intelligence requires an enlarged scope for creativeness; lower intelligence requires an enlarged scope for habit formation."

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Characteristics of Quacks.—One of the characteristics of the quack in the field of medicine is his attempt to camouflage his ignorance by quoting the writings of reputable physicians and trying to make it appear that his work and that of the ethical physician is one and the same thing. Dr. Richard B. Phillips of Rochester, Minnesota, points out in the March issue of *Hygeia, The Health Magazine*.

Other characteristics by which the quack may be identified are summarized by Doctor Phillips as follows: "The quack lets everyone know that he is in town by large-letter advertising in newspapers, circulars, etc. Although he is quick to criticize organized and ethical medicine, he adopts the dress, office equipment, and titles of the profession in so far as he is able. He hands out literature which is ostensibly scientific, and attempts to confuse and bewilder the 'sucker' with pseudoscientific statements. He presents, as a method of cure, something which is easy and simple to take, and surrounds this nostrum with an aura of magic and mystery. He always promises a definite cure in a definite time and usually with a definite number of treatments. He is always exceedingly positive and direct in answering questions, and his sureness of manner often disarms the intended victim. In cases in which an ethical physician will often admit that there is some doubt about a given situation, the quack is always positive and definite."

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Warn of Dangers of Swimming in Ponds Contaminated by Rats.—The danger of bathing in ponds that may be polluted by rats is pointed out by W. Paul Havens, M. D., Carl J. Bucher, M. D., and Hobart A. Reimann, M. D., Philadelphia, in *The Journal of the American Medical Association* for January 25 in a report of seven young men who contracted an acute infectious disease while bathing in the dammed up waters of a stream which probably had been contaminated by rats infected with the organism of Weil's disease.

Weil's disease, which in the severe form is characterized by fever, hemorrhage and jaundice, generally affects fish handlers, coal miners, sewer workers and others who work in rat-infested environments.

While the severe, easily recognized form of the disease occurs infrequently, the authors suggest that mild cases

which go undiagnosed are probably numerous. Without laboratory tests to prove the presence of the organisms, the mild forms may be mistaken for other diseases, especially influenza, since an acute onset with chills, fever, headache, bloodshot eyes and painful limbs is common.

In five of the authors' patients the disease was mild; it was severe in two, one of whom died. Studies in the two severe cases by isolating the causative organism proved the diagnosis of Weil's disease to be correct. Such studies were not carried out in the mild cases, but all the evidence pointed to such a diagnosis, the authors say.

Vision in the Schoolroom.—Because of the intensive visual work done in the classroom, it is imperative that the physical arrangements of schools have provisions for safeguarding the sight of the pupils, Constance J. Foster, Great Neck, New York, states in *Hygeia, The Health Magazine*.

"The more exacting the eye work, as in drawing and sewing classes, the more illumination is required for ease of seeing," she says. "Adjustable tilt-top desks help to bring work to the proper angle of vision. The desk should be high enough to prevent stooping or slumping. Work held 13 to 15 inches from the bridge of the nose is easiest on the eyes."

Health is the greatest of all possessions; a pale cobbler is better than a sick king.—Bickerstaff.

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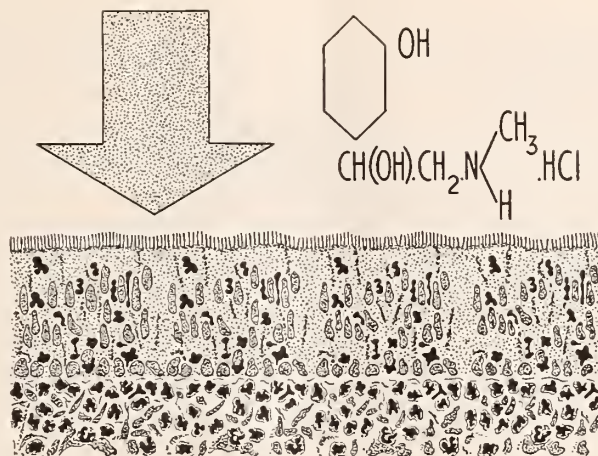
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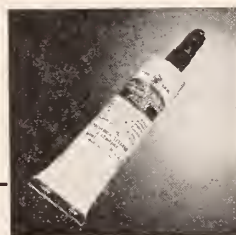
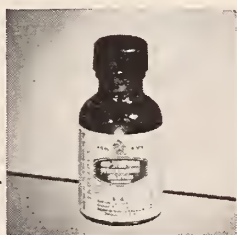
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BOOK REVIEWS

That None Should Die. By Frank G. Slaughter. Cloth. Pp. 423. Price, \$2.75. New York: Doubleday, Doran & Company, Inc., 1941.

McGillycuddy Agent. A Biography of Dr. Valentine T. McGillycuddy. By Julia B. McGillycuddy. Cloth. Pp. 291. Price, \$3. Stanford University, California, Stanford University Press. London: Humphrey Milford; Oxford University Press.

America Organizes Medicine. By Michael M. Davis, Chairman, Committee on Research in Medical Economics. Cloth. Pp. 335. Price, \$3. New York and London: Harper & Brothers, Publishers, 1941.

The New International Clinics. Original Contributions: Clinics; and Evaluated Reviews of Current Advances in the Medical Arts. Edited by George Morris Piersol, M.D., Professor of Medicine, Graduate School of Medicine, University of Pennsylvania, Philadelphia, Pa. With the collaboration of Francis Gilman Blake, M.D., Yale University, New Haven; Russell L. Cecil, M.D., Cornell University, New York; Vernon C. David, M.D., Rush Medical College, Chicago; Nicholson Joseph Eastman, M.D., Johns Hopkins University, Baltimore; Karl Musser Houser, M.D., University of Pennsylvania Hospital, Philadelphia, Pa.; William John Kerr, M.D., University of California, San Francisco; John W. McNee, D.S.O., M.D., University College Hospital, London; Jonathan C. Meakins, M.D., McGill University, Montreal; George Richards Minot, M.D., Harvard University, Boston; John Walker Moore, M.D., University of Louisville, Louisville; John Herr Musser, M.D., Tulane University, New Orleans; Lewis J. Pollock, M.D., Northwestern University, Chicago; Isidor S. Ravdin, M.D.,

University of Pennsylvania, Philadelphia; Borden Smith Veeder, M.D., Washington University, St. Louis; George Barclay Wallace, M.D., New York University, New York; Russell M. Wilder, M.D., Mayo Foundation, Rochester; Alan C. Woods, M.D., Johns Hopkins University, Baltimore. Volume I. New Series Four. Cloth. Pp. 304. Philadelphia, Montreal, New York: J. B. Lippincott Company, 1941.

The American College of Physicians. Its First Quarter Century. Historian, William Gerry Morgan, M.D., LL.D., Sc.D., M.A.C.P., Fellow (1916), Councilor and Regent (1916-29), Governor (1929-32), Secretary-General (1932-37), Vice-President (1937-38), and Master (1940) of the American College of Physicians; Professor of Gastro-enterology and Emeritus Dean, Georgetown University School of Medicine, Washington, D. C.; Former President, American Medical Association. Cloth. Pp. 275. Price, \$2. American College of Physicians, Philadelphia, Pennsylvania, 1940.

Masochism in Modern Man. By Theodor Reik. Translated by Margaret H. Beigel and Gertrude M. Kurth. Cloth. Pp. 439. Price, \$4. New York and Toronto: Farrar & Rinehart, Inc.

Hemorrhagic Diseases. Photo-Electric Study of Blood Coagulability. By Kaare K. Nygaard, M.D., Former Fellow in Surgery, the Mayo Foundation; Former Assistant Surgeon, the University Clinic, Oslo; Fellow of the Alexander Malthe Foundation for Research in Medicine, Surgery, and Gynecology. Illustrated. Cloth. Pp. 320. Price, \$5.50. St. Louis: The C. V. Mosby Company, 1941.

An Introduction to Dermatology. By Richard L. Sutton, M.D., Sc.D., LL.D., F.R.S. (Edin.), Emeritus Professor of Dermatology, University of Kansas School of Medicine, and Richard L. Sutton, Jr., A.M., M.D., L.R.C.P. (Edin.), Assistant Professor of Dermatology, University of Kansas School of Medicine. With 723 illustrations. Fourth Edition. Cloth. Pp. 904. Price, \$9. St. Louis: The C. V. Mosby Company, 1941.

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Macleod's Physiology in Modern Medicine. Edited by Philip Bard, Professor of Physiology, Johns Hopkins University School of Medicine. With the Collaboration of Henry C. Bazett, Professor of Physiology, University of Pennsylvania; George R. Cowgill, Associate Professor of Physiological Chemistry, Yale University School of Medicine; Howard J. Curtis, Instructor in Physiology, Johns Hopkins University School of Medicine; Harry Eagle, Passed Assistant Surgeon, United States Public Health Service and Lecturer in Medicine, Johns Hopkins University School of Medicine; Chalmers L. Gemmill, Associate in Physiology, Johns Hopkins University School of Medicine; Magnus I. Gregersen, Professor of Physiology, College of Physicians and Surgeons, Columbia University; Roy G. Hoskins, Director of Research, Memorial Foundation for Neuro-endocrine Research; Research Associate in Physiology, Harvard Medical School; J. M. D. Olmsted, Professor of Physiology, University of California; Carl F. Schmidt, Professor of Pharmacology, University of Pennsylvania. Ninth Edition. Cloth. Pp. 1256. Price, \$10. St. Louis: The C. V. Mosby Company, 1941.

Techniques of Conception Control. By Robert L. Dickinson, M. D., and Woodbridge E. Morris, M. D. A Practical Manual Issued by the Birth Control Federation of America. Fifty illustrations. Price, fifty cents. Baltimore: Williams and Wilkins Company, 1941.

TWENTY-FIVE YEARS AGO

(Continued from Text Page 252)

Of the cases seen with the attending physicians, six were regarded as clinically typhoid by myself, and subsequent proof was obtained by positive Widal's at the State Hygienic Laboratory, Berkeley. One of the patients was seriously ill, having suffered a relapse, and the remaining five were practically well. In two of these cases a diagnosis of typhoid had been made, in two a diagnosis of paratyphoid, and in two no diagnosis was given. . . .

(Continued on Next Page)

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TWENTY-FIVE YEARS AGO

(Continued from Preceding Page)

From an Original Article on "Personal Experiences with Roentgen Rays in Gynecologic Practice," by Henry F. Kreutzmann, M.D., San Francisco.—In 1914, I had the pleasure of reporting to you my observations in the use of roentgen rays (x-rays) and methorium in gynecologic practice, as I had seen it during a visit to a number of German university clinics. Tonight I wish to record a few personal experiences in my own practice.

After my return from Europe, I had installed an x-ray apparatus, just as I had seen it employed at Heidelberg, Freiburg, etc., with all the accessories necessary for a scientific, accurate application of x-rays. It took some time before the apparatus arrived and before it was in working order, so the time of work is only a little over a year, and consequently the number of cases treated with x-rays is small. There are other reasons why the number of cases treated with x-rays is small. . . .

From an Original Article on "Botulism: Its Occurrence in California," by Ernest C. Dickson, M.D., San Francisco. (From the Division of Medicine of the Stanford University Medical School.)—The occurrence of several cases of botulism within the past few years would seem to justify a brief description of the disease, as it has received but little mention in the American Literature. The importance of the condition, in so far as the Pacific Coast states are concerned, has been emphasized by the fact that

there have been recently several fatal cases in California and one in Oregon. In November, 1913, twelve persons were stricken in an outbreak at Stanford University, one case resulting fatally, and in reporting these cases Wilbur and Ophüls referred to two other outbreaks, one described by Sheppard in 1907 in which three persons died after eating canned pork and beans, and one described by Peck in 1910 in which twelve persons were affected and eleven died after eating canned pears. In both of these outbreaks the diagnosis of "ptomaine poisoning" was made, but in both the symptoms were identical with those of botulism, and it is highly probable that the *Bacillus botulinus* was responsible for the poisoning. Since that time there has been an outbreak in Fallbrook, California, in which five persons died after eating canned apricots, and one in Boston with recovery in which the source of the poison was thought to be minced chicken. . . .

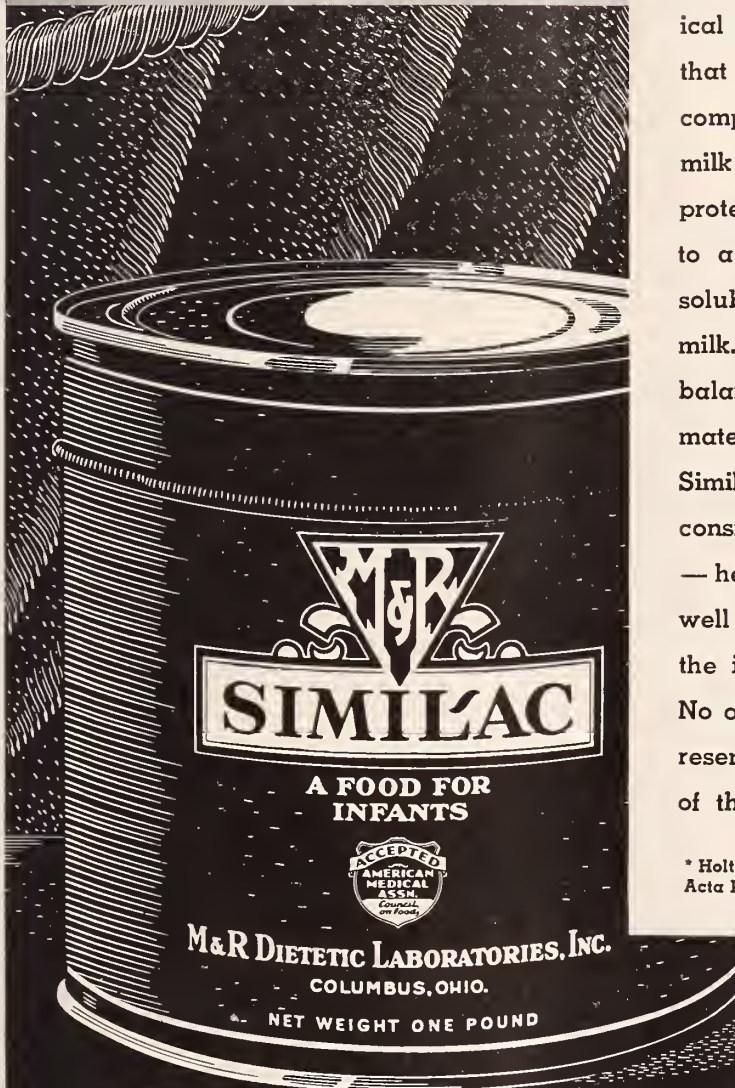
From an Original Article on "The Urgent Need for a More Adequate Treatment of Syphilis," by Alfred R. Rogers, M.D., Los Angeles.—At the 1914 meeting of the American Medical Association, during the symposium on syphilis several of the participants, men prominent in the urological branch of the medical profession, made the rather startling assertion that 99 per cent of the practitioners of medicine in the United States did not know how to properly treat syphilis. Of course such a broad statement is not justified by the facts, for the knowledge of the therapy of this disease is not only by any means

(Continued on Page 18)

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Acta Paediatrica Vol. 16, 1933

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TWENTY-FIVE YEARS AGO

(Continued from Page 16)

monopolized by one per cent of the profession. Furthermore, the statement was inaccurate, perhaps, in that it implied that the other one per cent did know how. If the gentlemen had said that 100 per cent of the medical profession in the civilized world, including themselves, did not know how to treat syphilis, their assertion would have been no less startling; but I am convinced that it would have been nearer the whole truth. . . .

The March Meeting of the State Board of Health.—The regular monthly meeting of the State Board of Health was held on March 4, in Sacramento. There were present Dr. George E. Ebright (president), Dr. Edward F. Glaser, Dr. Robert A. Peers, and Dr. Wilbur A. Sawyer. A written report of the secretary's trip to Washington, in connection with public health legislation, had been placed in the hands of each member.

In response to a request for an opinion, the Board decided that under proper conditions wooden bunks filled with straw are sanitary. It was thought that frequent changing of the straw offset some of the advantages of the more permanent cheap mattresses.

The secretary was given power to act in the matter of arranging an exhibit of the State Board of Health at the State Fair of 1916 at Sacramento.

It was decided that the State Board would call a conference at an early date between the various administrative officers specially interested in the enforcement of the new milk law, which goes into effect on October 1. The object of the conference would be to outline the most effective methods of coöperation. . . .

BOARD OF MEDICAL EXAMINERS

(Continued from Text Page 252)

served in that capacity for four years, on March 15. Doctor Wyatt was county physician for several months five years ago, and resigned when he said he was not given full control of the hospital. . . ." (Press dispatch, dated Redding, March 5, and printed in the *Sacramento Bee*, same date.)

An interesting article, headed "Dr. (Goat Gland) Brinkley's Newest Cure of U. S. Ailments," appeared in *Friday*, a weekly magazine, dated March 14, 1941, page 13.

"It was noticed that during the current campaign against asserted quack doctors none has been accused in the Southeast district. It is with a great thankfulness that we make the announcement. The State Medical Board is at work in many sections and it will receive what help is necessary to wipe out this horror. The creatures who fatten on the fears and pains of sick humanity may take warning. The Medical Board is aroused and determined. The bogus physician must go. Every day brings to light new instances of misery wrought by these quacks. Persons in good health are frightened into operations, sick ones are fleeced under promise of cures. The gunman thrives on murder, the vulture feeds on the dead. The quack doctor is more obnoxious than either of these, for he waxes rich on disease." (*Huntington Park Signal*, February 6, 1941.)

"Dr. A. L. Johnson of Vallejo today faced trial on charges of conspiring to violate the federal narcotic laws

(Continued on Page 20)

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BOARD OF MEDICAL EXAMINERS

(Continued from Page 18)

in a case involving another Vallejo man, who pleaded guilty. A federal grand jury indictment said Doctor Johnson bought 8,500 grains of opium over a period of a year, disposing of the narcotic to Bernard Freund of Vallejo. Federal Judge Harold Louderback heard Freund's plea of guilty and set Friday for sentencing. . . ." (Pittsburg Post-Dispatch February 12, 1941.)

The San Francisco Chronicle of February 18, 1941, reported that Governor Olson had made the following appointment to the Board of Chiropractic Examiners: "Dr. Eugene W. Hitchman, San Jose, chiropractic examiner, term ending on February 10, 1944, succeeding Dr. C. Rus-

sell Willett, term expired. . . ." "Governor Olson appointed Dr. Marguerite Gannon de Vernaza of Los Angeles to the State Board of Chiropractic Examiners. She succeeds Melville Z. Ellis of Long Beach, term expired." (Sacramento Union, February 11, 1941.)

"Complaints that she operated a massage parlor and school without proper licenses brought Mrs. Esther Wettin, fifty, of 232 Third Avenue, before Municipal Judge Theresa Meikle yesterday. A grand theft charge was lodged by Mrs. Esther Humphreys, 359 Sixth Avenue. According to Better Business Bureau representatives, Mrs. Humphreys paid \$200 advance tuition to Mrs. Wettin, but never did get her course of instruction. . . ." (San Francisco Examiner, February 15, 1941.)

(Continued on Page 22)

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BOARD OF MEDICAL EXAMINERS

(Continued from Page 20)

"Reginald Rankin and Paul Cushing, charged with participating in an illegal operation, were found guilty in the district court last evening by a jury which deliberated less than half an hour. The verdict inadvertently includes one defendant in the abortion-ring case, who has not been intercepted, and also Ruth Barnett, against whom the charge had been dismissed. It was necessary to have it rewritten and again submitted. Time for passing sentence was set by Judge B. F. Curler for February 21. Rankin and Cushing were arrested last November after the local officers raided a suite of offices which, it was charged, had been fitted up for operation as an abortion clinic. Also arrested

were Mrs. Barnett, a nurse, formerly of Portland, Oregon, and several physicians. The cases against all of the physicians, except Dr. (A. H.) Valentine St. John, subsequently were dismissed for lack of evidence. District Attorney Ernest S. Brown said he is convinced the names of these physicians wrongfully had been used in connection with the projected clinic. Mrs. Barnett turned state's evidence on the stand. Her testimony involved Dr. St. John, Rankin, and Cushing. . . ." (Sacramento Bee, February 18, 1941.)

"Convicted of having performed illegal operations, Paul Cushing, thirty-one, and Reginald L. Rankin, fifty-one, both of San Francisco, began terms of one to five years

(Continued on Page 24)

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BOARD OF MEDICAL EXAMINERS

(Continued from Page 22)

in the Nevada state penitentiary today. District Judge B. F. Curler passed sentence. Six persons, including one woman, were arrested last November in what officials called the smashing of a coast-wide illegal operation ring. Charges against three men and the woman were dropped. Another man named as a member of the ring is still a fugitive." (San Francisco Call-Bulletin, February 22, 1941.) (See "News Items," January, February, and March, 1941, also see 1936 annual report of Board of Medical Examiners on Pacific Coast abortion ring.)

"Mrs. Clara Brault, thirty-seven, has been arrested and charged by Albany police with performing illegal operations. Her eighteen-year-old son, George Stambuck, and Albert Schumacker, thirty-seven, who were arrested with her at the Brault home, 1054 Evelyn Street, later were released. The complaint, signed by Patrolman Kenneth Nickerson, was based on evidence obtained from Stambuck and Schumacker, and from a seventeen-year-old wife, who reportedly admitted having been operated upon by Mrs. Brault. According to Albany Police Chief Lloyd Jester, Stambuck testified his mother had performed thirty illegal operations at her home. Schumacker put the number at twenty-four. . . . The seventeen-year-old wife, whose name was withheld by police, became a witness unwittingly when she telephoned Mrs. Brault's home while police were questioning her. Police Officer John Viarengo, who answered the phone, said she told him she wanted 'another operation like she had in January.'" (San Francisco Chronicle, March 6, 1941.)

(Continued on Page 26)

DOCTOR, Meet a Neighbor of Yours!

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Reliability**

The Owl Drug Co

130 STORES ON THE PACIFIC COAST

BOARD OF MEDICAL EXAMINERS

(Continued from Page 24)

"Mrs. May L. Graham, operator of a maternity home at 124 High Street, was arraigned before Justice of the Peace L. E. Bailey here today on a charge of violating the state law by practicing medicine without a license. The offense, a misdemeanor, specifically involves the treatment of Mrs. Angelina Perez, also of Madera. . . ." (Fresno Bee, March 6, 1941.)

"Dr. Eugene Nelson, negro physician for whom Helen Lee Worthing, former Follies beauty, abandoned her career at its crest, was held today on suspicion of performing an illegal operation. His arrest followed admittance to the General Hospital of 26-year-old Tillie Durazzo, who told physicians Nelson operated on her a week ago. Her story, police said, was repeated by Ralph Negrette, who took her to the hospital. Nelson's name leaped into news headlines fourteen years ago when, after a professional visit to Miss Worthing, he and the actress eloped to Tijuana, Mexico, and married." (U. S. press dispatch, dated Los Angeles, March 5, 1941, and printed in the Sacramento Bee, same date.) (Previous entry, April, 1940.)

Radio Interference as the Result of Diathermy Apparatus.—"Standards for reducing interference with radio communications resulting from the use of diathermy apparatus (for generating heat in body tissues by means of electrical currents) are sorely needed." *The Journal of the American Medical Association* for January 25 declares. "The Federal Communications Commission recently held

(Continued on Page 28)



The typical dermatitis of pellagra, characterized during its early stages by tenderness and erythema, and subsequently by thickening of the skin, and desquamation, not infrequently involves the lower extremities, especially the anterior aspects of the feet, ankles, legs, and knees.

The administration of nicotinic acid in appropriate doses in cases of pellagra leads not only to the clearing of the cutaneous manifestations of the disease but also to the disappearance of the alimentary lesions and symptoms, and to a profound improvement in the mental symptoms when the latter are the result of inadequate intake of nicotinic acid.

Pellagra, however, is frequently accompanied by evidences of deficiencies of other factors of the vitamin B complex, such as polyneuritis (a manifestation of vitamin B₁ deficiency). In the diets of such patients it may be necessary to insure the presence of foods rich in the vitamin B complex, or to administer—concurrently with the nicotinic acid—thiamine hydrochloride, riboflavin, and, in some instances, pyridoxine hydrochloride.



Nicotinic acid is pyridine-3-carboxylic acid— $C_6H_5O_2N$. It is recognized as a specific in the treatment of the disease of dogs known as blacktongue and in the treatment of human pellagra.

Available at your prescription pharmacy.

C. T. Nicotinic Acid, 20 mg.

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CEDILANID is pure crystalline Lanatoside C, one of the three initial glycosides present in Digilanid complex and occurs exclusively in *Digitalis lanata*.

Fahr and LaDue, in an article, "A Preliminary Investigation of the Therapeutic Value of Lanatoside C (Digilanid C)" (The American Heart Journal, Feb. 1941), state:

"Lanatoside C, when administered intravenously to patients with auricular fibrillation, reduces the heart rate to normal within a period of two minutes to two hours. When administered orally, lanatoside C reduces the rate of the heart to normal within twenty-four to forty-eight hours."

"Lanatoside C is efficacious in the treatment of congestive heart failure when normal sinus rhythm is present. In fact, the efficacy of lanatoside C in the presence of normal sinus rhythm is almost as great as when the heart failure is associated with auricular fibrillation."

"Lanatoside C will often restore normal rhythm in cases of supraventricular paroxysmal tachycardia and auricular flutter. In eight of our 102 cases of nonparoxysmal auricular fibrillation, normal sinus rhythm became established spontaneously during treatment with lanatoside C."

"Lanatoside C seems definitely less toxic than preparations of digitalis purpurea. Some patients who cannot tolerate digitalis purpurea can take lanatoside C in sufficient doses to aid in the relief of their heart failure."

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Tablets, each containing 0.5 mg. lanatoside C
Ampules, 4 cc. (Intravenous) and 2 cc. (Intramuscular)

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Specializing in the treatment of nervous, mental, and debilitating states.
Specially equipped for metrazol and insulin therapy.

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Telephone Belmont 40

(Continued from Page 26)

an informal engineering conference in Washington with representatives of the medical profession and of the manufacturers of electromedical equipment to consider this subject. The medical profession was officially represented by members of the Council on Physical Therapy of the American Medical Association. In this conference the spokesman for the Commission said that the Commission recognized the importance of diathermy for the treatment of human ills and reiterated the desire of the Commission to cooperate with the medical profession and with the manufacturers.

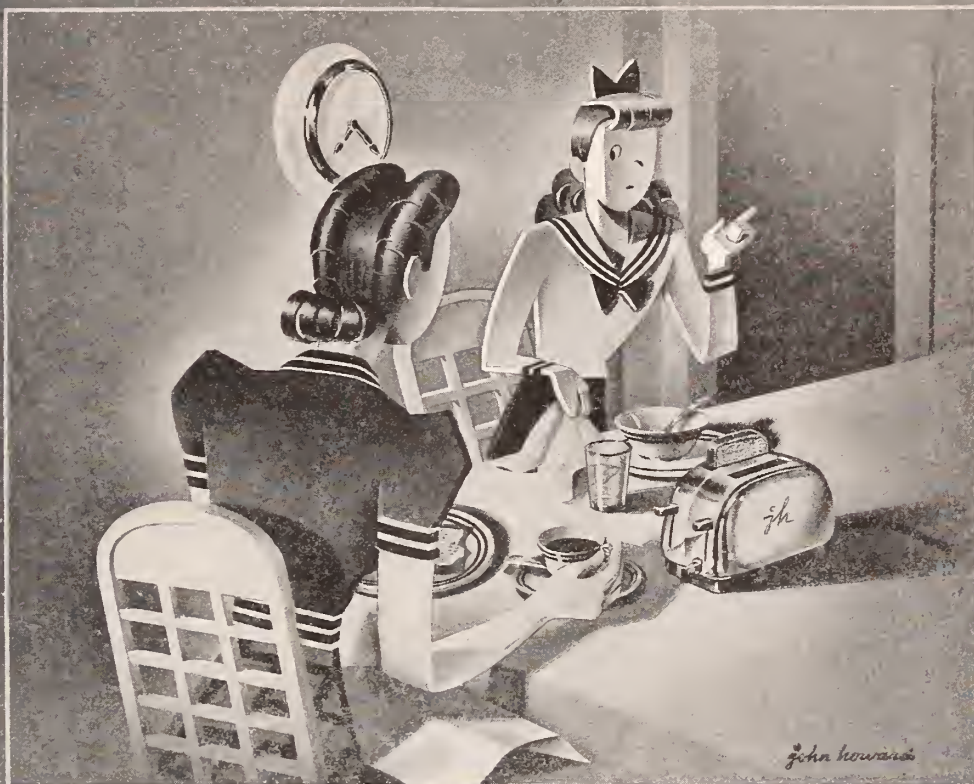
"At the Inter-American Radio Communication Conference, Santiago, Chile, in 1940, it was decided that countries in the Western Hemisphere 'shall adopt measures to suppress or alleviate as much as possible interference caused by apparatus or equipment which may generate or

radiate radiofrequency currents capable of interfering with or adversely affecting the reception of radio transmissions.' One method to eliminate interference is to design diathermy apparatus to operate on definite frequencies and allocate these channels for this purpose only. The spokesman for the manufacturers asked for the allocation of three bands corresponding approximately to 23, 11.5 and 7.67 meters, the width of the bands to be comparable to ten broadcast channels at 23 and 7.67 meters and forty channels at 11.5 meters or sixty broadcast channels in all.

"Representatives of the Commission felt that this request would not be granted because it required the setting aside of too many valuable channels of communication. The Commission urged rather that apparatus be manufactured which would operate on one channel of communication without extensive deviation and also satisfy the de-

(Continued on Page 30)

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Instruction circular on request

(Continued from Page 28)

mands for diathermy. Some manufacturers believed that this probably could be achieved, but at a prohibitive cost. Others did not believe it could be done. Indeed, the manufacturers pointed out that diathermy equipment is operated by physicians and technicians who are not trained radio engineers and hence the users would not be in a position to make the necessary adjustments to maintain frequency stability as in radio broadcasting.

"Some manufacturers estimated that diathermy equipment which would meet the more rigid requirements would cost between \$1,000 and \$1,500, not to mention service expencs. Naturally, representatives of the medical profession voiced their objection to the increase in the cost of electromedical apparatus. The problem will have further study. A committee was appointed to look into engineering

practices and circuit design costs and to report back to the group at a future conference."

Fulminating pulmonary tuberculosis, such as miliary tuberculosis, is rather infrequent among persons in better circumstances, while fibroid phthisis is more likely to occur among persons under better economic surroundings. Extremely acute manifestations of rheumatic infections are relatively infrequent among the better-to-do, while the more chronic type of fibrosing mitral stenosis is more likely to occur. In both tuberculosis and rheumatic fever these differences are conditioned by better treatment, ability to obtain more rest, less arduous occupations and many other considerations.—O. F. Hedley, Public Health Reports, October 11, 1940.



Q. But, doctor, is it all right to leave the peas I don't eat in an open can?

A. From the standpoint of health, there is no reason why peas, or any canned food, should be put into another container. (1)

(1) For some obscure reason many members of the general public persist in believing that an open can is not a safe food container. The U. S. Department of Agriculture expressed itself on this fallacy in a press release of February 23, 1936, as follows:

"... Thousands of housewives are firm in the faith that canned foods ought to be emptied as soon as the can is opened, or at least before the remainder of the food goes into the refrigerator... Whether in the original can or in another container, the principal precautions for keeping food are—Keep it cool and keep it covered." *American Can Company, 230 Park Avenue, New York, N. Y.*



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'Extralin' provides the antipernicious-anemia principle in a highly concentrated form for oral use. With 'Extralin' the blood count may be maintained at normal levels with the least amount of inconvenience to the patient. Nine to twelve pulvules daily constitute an average maintenance dose.

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Official Journal of the California Medical Association

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VOLUME 54
NUMBER 4

APRIL, 1941

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I

Annual Session Program

Del Monte, California, May 5-8, 1941

Seventieth Annual Session

INDEX

	PAGE		PAGE
President's Salutation	154	Scientific Exhibits	176
Photographs of Guest Speakers and Officers	155	Medical Films	176
Members of the House of Delegates	159	Other Meetings	176
Registration Information	161	Index to Speakers	177
House of Delegates Meetings	161	Entertainment	178
Program: By Days	164	Transportation Information	178
General Meetings	165	Technical Exhibits	178
Section Meetings and Programs	166	Hotel Information	178
		Monterey Peninsula: Information	178
		Woman's Auxiliary	179

(For index of Section Programs, see box
on page 166.)

II

Pre-Convention Bulletin

Reports of Officers and Committees

INDEX

	PAGE		PAGE
Reports of General Officers	181	Reports of Special and Council Committees	202
Reports of District Councilors	193	Reports of Secretaries of Scientific Sections	205
Reports of Councilors-at-Large	195		
Reports of Standing Committees	196		

**SALUTATION
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*To Members of the California
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Greetings:

Four full days of carefully planned scientific programs and several evenings of joyful social gathering await you at Del Monte.

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Bring your golf outfits, skeet guns, and zest.

May I express my appreciation of the hearty coöperation given your Officers and your President during this extremely interesting year.

Cordially,

HARRY H. WILSON,
President.



HARRY H. WILSON, M. D.
President, California Medical Association *h*
1941

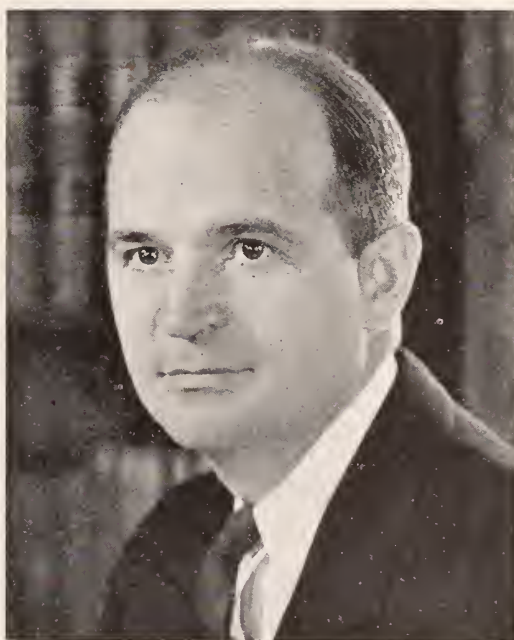
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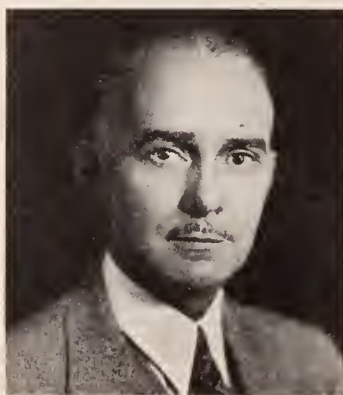
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Part I

PROGRAMTHE SEVENTIETH ANNUAL SESSION *of the* CALIFORNIA MEDICAL ASSOCIATION

TO BE HELD AT

HOTEL DEL MONTE, DEL MONTE

MAY 5-8, 1941

OFFICERS AND COMMITTEES, 1941**GENERAL OFFICERS***

HARRY H. WILSON, Los Angeles, President
 HENRY S. ROGERS, Petaluma, President-Elect
 LOWELL S. GOIN, Los Angeles, Speaker of House of Delegates
 E. VINCENT ASKEY, Los Angeles, Vice-Speaker of House of Delegates
 P. K. GILMAN, San Francisco, Chairman of Council
 CHARLES A. DUKES, Oakland, Chairman, Executive Committee
 GEORGE H. KRESS, San Francisco, Secretary-Editor
 JOHN HUNTON, San Francisco, Executive Secretary
 HARTLEY F. PEART, San Francisco, General Counsel

**MEMBERS OF HOUSE OF DELEGATES — 38th ANNUAL SESSION****TOTAL DELEGATES (172)****DELEGATES EX OFFICIO (22)**

Harry H. Wilson, Los Angeles.....President
 Henry S. Rogers, Petaluma.....President-Elect
 Charles A. Dukes, Oakland.....Past President
 Lowell S. Goin, Los Angeles.....Speaker of House of Delegates
 E. Vincent Askey, Los Angeles.....Vice-Speaker of House of Delegates
 George H. Kress, San Francisco.....Secretary-Treasurer-Editor
 Calvert L. Emmons, Ontario (1941).....Councilor 1st District
 George D. Maner, Los Angeles (1942).....Councilor 2nd District
 Louis A. Packard, Bakersfield (1943).....Councilor 3rd District
 Axel E. Anderson, Fresno (1941).....Councilor 4th District
 R. Stanley Kneeshaw, San Jose (1942).....Councilor 5th District
 John W. Cline, San Francisco (1943).....Councilor 6th District
 Oliver D. Hamlin, Oakland (1941).....Councilor 7th District
 Frank A. MacDonald, Sacramento (1942).....Councilor 8th District
 John W. Green, Vallejo (1943).....Councilor 9th District
 Philip K. Gilman, San Francisco (1941).....Councilor-at-Large
 Sam J. McClendon, San Diego (1942).....Councilor-at-Large
 Edward B. Dewey, Pasadena (1943).....Councilor-at-Large
 E. Earl Moody, Los Angeles (1941).....Councilor-at-Large
 Elbridge J. Best, San Francisco (1942).....Councilor-at-Large
 Dewey R. Powell, Stockton (1943).....Councilor-at-Large
 Donald Cass, Los Angeles.....Chairman, Committee on Public Relations

ELECTED DELEGATES (150)*Delegates**Alternates***Alameda County (12)**

A. A. Alexander	Dorothy M. Allen
Leonard Barnard	Warren Allen
Thomas Buckley	Philip N. Baxter

*Delegates**Alternates*

Grant Ellis
 Charles F. Greenwood
 Norman B. Leet
 Frank Makinson
 Oscar T. McAllister
 Paul Michael
 John W. Sherrick
 Harry J. Smith
 Fletcher B. Taylor

Whitfield Crane
 John Ewer
 James B. Graeser
 Charles C. Hall
 Donald Lum
 George Nesche
 Robert S. Peers
 Hobart Rogers
 Harry J. Templeton

Butte County (1)

Charles E. Benninger, Jr.	Charles C. Landis
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Contra Costa County (1)

Ralph C. Leggo	S. N. Weil
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Fresno County (3)

N. Dau	W. L. Adams, Jr.
C. James	R. W. Dahlgren
G. W. Walker	J. E. Young

Humboldt County (1)

John N. Chain	Joseph S. Woolford
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Imperial County (1)

L. C. House	Philip Hodgkin
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Inyo-Mono County (1)

Selda Anthony	H. W. Dueker
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Kern County (2)

C. S. Compton	E. F. Colby
F. J. Gundry	J. M. Nicholson

Kings County (1)

L. W. Sorenson	Charles T. Rosson, Jr.
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Lassen-Plumas-Modoc County (1)

W. B. McKnight	Bernard S. Holm
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* For Rosters of Councilors, Standing and Special Committees, and Officers of Component County Medical Societies, see in this issue, on advertising pages 2, 4 and 6. Full roster is omitted here, due to lack of space.

*Delegates**Alternates***Los Angeles County (53)**

Eliot Alden
L. A. Alesen
C. Max Anderson
John Martin Askey
Samuel Ayres, Jr.
Wilbur Bailey
John V. Barrow
Clifford L. Bartlett
Edwin S. Bennett
Karl M. Bonoff
William H. Brownfield
Donald Charnock
A. B. Cooke
William E. Costolow
John C. Cottrell
Jay J. Crane
John W. Crossan
Harold Cummings
William H. Daniel
Wallace Dodge
James C. Doyle
John G. Dunlop
Ben R. Dysart
Ralph B. Eusden
Paul A. Ferrier
Orrie Christ
William M. Gibbs
W. L. Halverson
George H. Houck
Robert W. Langley
E. Eric Larson
William H. Leake
Llewellyn R. Lewis
Leo J. Madsen
William R. Molony, Sr.
J. P. Mortensen
Carl L. Mulfinger
Thomas Chalmers Myers
John P. Nuttall
William H. Olds
Frank Otto
Edmund T. Remmen
John C. Ruddock
Edward Ruth
Raymond Sands
Henry Snure
Joseph B. Stevens
Roy E. Thomas
Donald Tollefson
Robert A. Walker
E. Richmond Ware
George D. Wells
Howard West

Marin County (1)

Bernard J. Conroy Carl W. Clark

Mendocino-Lake County (1)

Walter Rapaport Lew K. Van Allen

Merced County (1)

E. A. Jackson Clarence Fitzgibbon

Monterey County (2)

Joseph McCarthy L. P. Davlin
John C. Sharp Dwight Bissell

Napa County (1)

George I. Dawson D. H. Murray

Orange County (3)

Dexter R. Ball F. Harold Gobar
Harry Huffman Merrill Hollingsworth
H. A. Johnston Lawrence Whittaker

Placer-Nevada-Sierra County (1)

William M. Miller C. C. Briner

Riverside County (2)

N. K. Bear Bon O. Adams
Philip Corr Omer W. Wheeler

Sacramento County (4)

Norris Jones M. L. Azevedo
Wayne Pollock Dave Dozier
Frederick N. Scatena P. H. Guttman
Ray M. Wallerius H. M. Kanner

San Benito County (1)

J. M. O'Donnell John J. Haruff

*Delegates**Alternates***San Bernardino County (4)**

Walter S. Cherry John L. Nevin
Francis E. Clough Arthur E. Varden
A. D. Neubert Marcus D. White
Delbert B. Williams Thomas I. Zirkle

San Diego County (6)

A. J. Cooper Damon E. Corbin
W. L. Garth C. V. Lindsay
Hall G. Holder Eaton M. MacKay
S. J. McClendon L. H. Redelings
W. H. Newman Paul E. Wedgewood
Bryant R. Simpson Joseph Weinberger

San Francisco County (20)

Frederic C. Bost George H. Becker
Howard A. Brown H. Glenn Bell
Jesse L. Carr Zera E. Bolin
L. R. Chandler DeWitt K. Burnham
G. Dan Delprat Norman N. Epstein
Frederick S. Foote Roberto F. Escamilla
L. Henry Garland Russell Fletcher
Henry Gibbons III Ernest Gehrels
Warren D. Horner Thomas E. Gibson
Nelson J. Howard Harold A. Hill
T. Henshaw Kelly Richard Barr Jones
Alson R. Kilgore Carleton Mathewson, Jr.
Robert R. Newell Mary Jones-Mentzer
Gerald B. O'Connor Charles A. Noble, Jr.
J. Marion Read Sidney Olsen
Francis Rochex Leon O. Parker
Roland P. Seitz Dohrmann K. Pischel
Sidney J. Shipman William Reilly
Robert S. Stone William Voorsanger
Dwight L. Wilbur David A. Wood

San Joaquin County (3)

Frank J. Doughty Linwood Dozier
George H. Sanderson N. P. Johnson
C. V. Thompson Ray Owens

San Luis Obispo County (1)

Frank Yocum A. H. Wilmar

San Mateo County (2)

Hartzell H. Ray Carl Benninghoven
Robert Monteith

Santa Barbara County (3)

Harry E. Henderson P. A. Gray
Edward L. Markthaler W. H. Johnson
Delbert H. McNamara Neville T. Usher

Santa Clara County (4)

Joseph B. Josephson Horace Jones
Russel V. Lee Edward Liston
Leslie B. Magoon Donald R. Threlfall
John H. Shephard John Wilson

Santa Cruz County (1)

A. F. Giberson A. N. Nittler

Shasta County (1)

Benjamin F. Saylor Leslie G. Kay

Siskiyou County (1)

C. C. Dickenson V. W. Hart

Solano County (1)

H. Randall Madeley F. Burton Jones

Sonoma County (2)

C. M. Fleissner F. O. Butler
R. L. Zieber C. Marsh

Stanislaus County (1)

Warren N. Steele, Jr. Hans Hartman

Tehama County (1)

F. L. Doane D. E. Thompson

Tulare County (1)

R. E. Cronemiller Louis Seligman

Ventura County (2)

Robert K. Harker Louis W. Achenbach
Harold B. Osborn W. Sterling Clark

Yolo County (1)

John Homer Woolsey Earl H. Gray

Yuba-Sutter-Colusa County (1)

Stanley R. Parkinson Virgil E. Hepp

REGISTRATION INFORMATION

Registration and Information. Registration and information desks are located in the west lobby, adjacent to the entrance to the dining room. All persons, whether or not members of the Association, are requested to register immediately on arrival. Registration secretaries will be on duty from 9 a. m. to 5 p. m.

Annual Session Program. Copies of complete session proceedings, showing times and places of all meetings, are available at the registration desk.

Pre-Convention Bulletin. Annual reports of officers, councilors and committees appeared in the April issue of CALIFORNIA AND WESTERN MEDICINE. Additional copies of these reports will be made available to delegates and alternates for their study either at the registration desk or at the first meeting of the House of Delegates.

Badges. Badges will be issued at the registration desk. Separate types of badges will be issued for members, delegates, alternates, officers, exhibitors, and section officers. Please request the proper type of badge on registering.

President's Dinner Tickets. Tickets may be secured from the head waiter at the main hotel dining room. Members who are registered at Hotel Del Monte or at Del Monte Lodge must also secure tickets in this way. The head waiter will make reservations for special tables of eight or more for this dinner.

Woman's Auxiliary. Headquarters for the Auxiliary will

be at the Travel desk directly opposite the main hotel desk. All arrangements for Auxiliary activities will be made at this location.

Guests and Visitors. All guests and visitors are requested to register and to secure a badge and program. All general meetings and scientific meetings are open to visitors and guests so registered. There is no charge for registration.

Bulletin Boards. Consult bulletin boards in the main hotel lobby for announcements of special events. A diagram of meeting places of scientific sections will also be found on these bulletin boards.

Technical-Commercial Exhibits. Be sure to visit the technical-commercial exhibits in various sections of the hotel. These exhibits are located in the west and east lobbies of the first floor, on the west lobby terrace, in the sun parlor, and on the ground floor of the hotel opposite the news stand and the tap room. The exhibitors have on display the most modern apparatus and pharmaceuticals and are deserving of the attention of all those attending this annual session.

Suggestions and Criticisms. Members are invited to present suggestions and criticisms to the officers and committees through the registration desk. These suggestions may be made to refer to either this session or future annual sessions and will be given full consideration by those concerned.



I

HOUSE OF DELEGATES MEETINGS

38th ANNUAL SESSION

The House of Delegates will convene in the ground floor Auditorium on Monday evening, May 5, at 8 p. m., and again in the same room on Wednesday afternoon, May 7, at 5 p. m. The evening meeting on Wednesday will be held in the ground floor Auditorium.

Speaker, LOWELL S. GOIN, Los Angeles

Vice-Speaker, E. VINCENT ASKEY, Los Angeles

Secretary, GEORGE H. KRESS, San Francisco

FIRST MEETING

Monday, May 5, 8 p. m., Auditorium

Order of Business

1. Call to order.
2. Report of Committee on Credentials.
3. Roll call.
4. Announcement and approval of Reference Committees.*
 - (a) Committee on Credentials.
 - (b) Reference Committee on the Reports of Officers and Standing Committees.

* Committees will be announced in programs to appear later.

Excerpt from the California Medical Association By-Laws: Chapter III, Section 6, Paragraphs (a) and (b).

"Section 6 (a). Appointment of Committee on Credentials and three Reference Committees.

Prior to or at the beginning of an annual session, the Speaker of the House shall appoint from the members thereof the following committees:

1. Committee on Credentials.
2. Reference Committee on the Reports of Officers and Standing Committees.
3. Reference Committee on the Report of the Council and the Report of the Secretary-Treasurer.
4. Reference Committee on Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business.

(b) Membership of Credentials and Reference Committees.

Each of the aforesaid committees shall consist of three members, the chairman of each to be designated by the Speaker.

The Speaker, the House concurring, shall refer said reports, resolutions, and business to the respective Reference Committees, but may allocate among them any of said reports, resolutions or portions thereof, and other business, to avoid duplication and to expedite the business of the House of Delegates.

The Reference Committees shall present written reports dealing with and making recommendations on all matters submitted to them. The report of each committee shall be read by its chairman first as a whole, and the House of Delegates shall then act and vote upon the report as a whole or section by section, as it may deem best."

(c) Reference Committee on the Report of the Council and the Report of the Secretary-Treasurer.

(d) Reference Committee on Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business.

5. President's address—Harry H. Wilson.
Reports: †
6. Annual report of the Council—Philip K. Gilman, Chairman.
7. Report of the Trustees Of The California Medical Association—Philip K. Gilman, President.
8. Report of the Auditing Committee—John W. Cline, Chairman.
9. Report of Secretary-Treasurer—George H. Kress.
10. Report of Editor, George H. Kress.
11. Report of the Chairman of the Department of Public Relations—Donald Cass.
12. Report of General Counsel—Hartley F. Peart.
13. Reports of Standing and Special Committees:

A. Standing Committees.

- Executive Committee—Charles A. Dukes.
- Committee on Associated Societies and Technical Groups—John V. Barrow.
- Committee on Audits—John W. Cline.
- Committee on Health and Public Instruction—Roy E. Thomas.
- Committee on History and Obituaries—Frank R. Makinson.
- Committee on Hospitals, Dispensaries, and Clinics—J. Norman O'Neill.
- Committee on Industrial Practice—Donald Cass.
- Committee on Medical Defense—George G. Reinle.
- Committee on Medical Economics—John H. Graves.
- Committee on Medical Education and Medical Institutions—Loren R. Chandler.
- Committee on Membership and Organization—George D. Maner.

† Reports of officers, standing and special committees appear in full text in the "Pre-Convention Bulletin." See page 181.

Committee on Postgraduate Activities—Dwight L. Wilbur.

Committee on Publications—Francis E. Toomey.
Committee on Public Policy and Legislation—
Dwight H. Murray.

Committee on Scientific Work—George H. Kress.
Committee on Public Relations—Donald Cass.
Cancer Commission—Charles A. Dukes.

B. Special Committees.

Committee on Public Health Education—Frank R. Makinson.

Committee on Life Membership—Robert A. Peers.

Committee on Needy Members—Axcel E. Anderson.

14. Unfinished Business.

Proposed amendments to Constitution. (See Addendum which appears below.)

Proposed amendments include:

(a) *Proposed Amendment to Constitution* (1).

(A proposed amendment to Section 1 (b) of Article V.)

(b) *Proposed Amendment to Constitution* (2).

(A proposed amendment to Section 8 of Article VII.)

(c) *Proposed Amendment to Constitution* (3).

(A proposed amendment to Section 11 of Article X.)

(d) *Proposed Amendment to Constitution* (4).

(A proposed amendment to Section 12 of Article X.)

(e) *Proposed Amendment to Constitution* (5).

(Proposed amendments to Section 1 of Article VII; Section 8 of Article VII; Section 1 of Article X; and Section 4 of Article X.)

(f) *Proposed Amendment to Constitution* (6).

(A proposed amendment to Section 4 of Article V.)

(g) *Proposed Amendment to Constitution* (7).

(A proposed amendment to Section 1 of Article X.)

(h) *Proposed Amendment to Constitution* (8).

(A proposed amendment to Article IV.)

15. Resolutions and New Business.

(NOTE: All resolutions must be in writing, in triplicate, and be handed to the Secretary at time of presentation.)

16. Approval of Minutes.

17. Adjournment of the First Meeting of the House.

* * *

ADDENDUM

Proposed Amendments to the Constitution of the California Medical Association

At the thirty-seventh annual session of the House of Delegates, held at Hotel Coronado, May 6, 1940, eight amendments to the Constitution were submitted. Proposed amendments, listed below under captions I to V, were submitted by John W. Cline of San Francisco (noted in printed minutes in CALIFORNIA AND WESTERN MEDICINE, June, 1940, on page 266), and amendments having numbers VI and VII were presented by E. T. Remmen of Los Angeles (noted in printed minutes in CALIFORNIA AND WESTERN MEDICINE, June, 1940, on page 272. Error in use of John D. Ruddock's name in electric recorder transcription was corrected in CALIFORNIA AND WESTERN MEDICINE, December, 1940, on page 273). Amendment having number VIII was presented by Robert A. Peers of Colfax.

Procedure to be followed in consideration of proposed amendments is outlined in Article XV, Section 1, as follows:

ARTICLE XV.—AMENDMENTS

SECTION 1.—*Procedure to Amend Constitution*

Any member of the House of Delegates at any meeting of any regular annual session thereof may present an amendment or amendments to any article or articles or any section or sections of any article or articles of this Constitution.

Such proposed amendment or amendments shall be in writing and shall be filed with the Secretary and shall thereafter be published at least twice in separate issues of the OFFICIAL JOURNAL of this Association prior to the next regular session of the House of Delegates.

At the said next regular session of the House of Delegates, such proposed amendment or amendments shall be submitted to the House of Delegates, for consideration at any meeting of the House of Delegates during that annual session, and if two-thirds of the delegates present and voting vote in favor thereof the same shall be adopted.

* * *

Proposed amendments submitted by Dr. John W. Cline:

PROPOSED AMENDMENT TO CONSTITUTION: NO. I

Resolved, That Section 1 (b) of Article V of the Constitution of this Association, California Medical Association, be and the same hereby is amended by inserting before the period and after the word "Constitution" the following: "excepting the Secretary-Treasurer and Editor," so that said Section 1 (b) of Article V shall hereafter read as follows:

(b) The officers of this Association enumerated in Section 1 of Article X of this Constitution, excepting the Secretary-Treasurer and Editor.

* * *

PROPOSED AMENDMENT TO CONSTITUTION: NO. II

Another amendment to the Constitution:

Resolved, That Section 8 of Article VII of the Constitution of this Association, California Medical Association, be and the same hereby is amended by inserting after the comma which follows the words "Public Relations," the following: "and ex officio, but without the right to vote," so that said Section 8 of Article VII will hereafter read as follows:

SECTION 8.—*Executive Committee*

The Executive Committee shall consist of the President, the Past President, the President-Elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Chairman of the Committee on Public Relations, and ex officio, but without the right to vote, the Secretary-Treasurer and the Editor.

* * *

PROPOSED AMENDMENT TO CONSTITUTION: NO. III

Another amendment to the Constitution:

Resolved, That Section 11 of Article X of the Constitution of this Association, California Medical Association, be and the same hereby is amended by striking out of said Section 11 the following:

SECTION 11.—*Election of Council Chairman; Council Vice-Chairman; Secretary-Treasurer; Editor and Associate Editors*

The Council, at the organization meeting thereof, shall elect a Chairman, a Vice-Chairman, a Secretary-Treasurer, an Editor; and, in its discretion, one or more Associate Editors, each to serve for the term of one year. and by inserting in lieu thereof the following:

SECTION 11.—*Election of Chairman and Vice-Chairman of Council; Employment of Secretary-Treasurer, Assistant Secretaries, Editor and Associate Editors*

The Council, at the organization meeting thereof, shall elect a Chairman and a Vice-Chairman, each to serve for the term of one year. It shall also employ, if any vacancy exists, a Secretary-Treasurer and an Editor, and, in its discretion, one or more Assistant Secretaries or Associate Editors. The terms of their employment shall be such as are satisfactory to the Council, provided, however, that no contract of employment shall, by its terms, exceed a period of three years from the date of the organization meeting at which such contract is authorized.

* * *

PROPOSED AMENDMENT TO CONSTITUTION: NO. IV

Another:

Resolved, That Section 12 of Article X of the Constitution of this Association, California Medical Association, be and the same hereby is amended by striking out all of said Section 12 reading as follows:

SECTION 12.—*Qualifications of Secretary-Treasurer and Editor*

No person shall be eligible to the office of Secretary-Treasurer or Editor or Associate Editor who does not hold the degree of Doctor of Medicine, but membership in this Association shall not be a necessary qualification for the offices of Secretary-Treasurer, Editor, or Associate Editor.

and by inserting in lieu thereof the following:

SECTION 12.—Qualifications of Secretary-Treasurer and Editor

The Secretary-Treasurer, the Editor, Assistant Secretaries and Associate Editors may, but need not, hold the degree of Doctor of Medicine, and may, but need not, be members of this Association.

♦ ♦ ♦

PROPOSED AMENDMENT TO CONSTITUTION: NO. V

An amendment to the Constitution:

Resolved, That Section 1 of Article VII of the Constitution of this Association, California Medical Association, be and it hereby is amended by striking out of the first paragraph of said Section 1 the following: "and the Chairman of the Committee on Public Relations" so that the said first paragraph of Section 1 of Article VII will hereafter read as follows:

The Council shall consist of the Councilors and ex officio: the President, the Past President, the President-Elect, and the Speaker of the House of Delegates, each with all the rights of a Councilor.

and be it further

Resolved, That Section 8 of Article VII of the Constitution of this Association be and the same hereby is amended by striking out of said section the following: "the Chairman of the Committee on Public Relations," so that said Section 8 of Article VII will hereafter read as follows:

The Executive Committee shall consist of the President, the Past President, the President-Elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Secretary-Treasurer, and the Editor.

and be it further

Resolved, That Section 1 of Article X of the Constitution of this Association be and the same hereby is amended by striking out of said Section 1 the following: "the Chairman of the Committee on Public Relations," so that said Section 1 of Article X will hereafter read as follows:

The officers of this Association shall be a President, a Past President, a President-Elect, a Secretary-Treasurer, a Speaker of the House of Delegates, a Vice-Speaker of the House of Delegates, an Editor and fifteen Councilors (six of the fifteen Councilors being elected as at large and nine from Councilor Districts, as herein provided).

and be it further

Resolved, That Section 4 of Article X of the Constitution of this Association be and the same hereby is amended by striking out of the first paragraph of said Section 4 the following: "and Chairman of the Committee on Public Relations," so that the first paragraph of said Section 4 shall hereafter read as follows:

The President, Past President, President-Elect, and Speaker of the House of Delegates shall be ex officio members of the Council with all the rights of Councilors.

and be it further

Resolved, That the Constitution of this Association be and the same hereby is amended by striking out all of Section 15 of Article X of said Constitution.

♦ ♦ ♦

Proposed amendments submitted by Dr. E. T. Remmen:

PROPOSED AMENDMENT TO CONSTITUTION: NO. VI

Resolved, That Section 4 of Article V of the Constitution of this Association, California Medical Association, which is entitled "Terms of Delegates and Alternates; One-Half Elected Each Year," be and the same hereby is amended to read as follows:

Delegates and alternates shall be elected by the several component county societies, respectively, for a term of two years; one-half of the delegates and alternates representing each component county society, as near as may be, shall be elected each year, provided that, in order to equalize the number of delegates elected each year, where at present the inequality in number is greater than one, a component county society may elect a sufficient number of delegates for a term of one year to equalize future elections in such society. Delegates and alternates shall be elected directly at regular elections by the members of each component county society by an equitable method to be selected by each society, and shall not be elected or appointed by the Council, Board of Directors or Trustees or other governing body or by any

officers or officer thereof, except to fill vacancies occurring between such regular elections; any delegate or alternate so selected to fill such a vacancy shall serve only until his successor shall have been duly elected.

♦ ♦ ♦

PROPOSED AMENDMENT TO CONSTITUTION: NO. VII

The second resolution:

Resolved, That Section 1 of Article X of the Constitution of this Association, California Medical Association, be amended by adding to said section a new paragraph reading as follows:

No member who holds any office in a component county society and who is elected as an officer of this Association (except the Vice-Speaker of the House of Delegates and the Editor) shall be eligible to serve as such officer of this Association unless he shall, forthwith upon his election, resign any of the offices hereafter set forth held by him in a component county society; and, in the event that he fails to do so, the Council, at its first meeting after such election, shall declare vacant the office of this Association to which he has been elected. The offices of a component county society from which such an officer-elect of this Association must resign are: President, Vice-President, Secretary, Treasurer, Councilor, Director, Trustee or any other office however entitled, the powers and duties of which would customarily include a substantial part of the powers and duties of any of said named offices.

♦ ♦ ♦

Proposed amendment submitted by the Special Committee on Life Membership, Robert A. Peers, chairman.

PROPOSED AMENDMENT TO CONSTITUTION: NO. VIII*

Resolved, That Article IV of the Constitution of this Association, California Medical Association, be and the same hereby is amended by adding to Section 1 of said Article IV a new subdivision, namely, Subdivision (e), entitled "Life Members," and reading as follows:

(e) LIFE MEMBERS

Qualifications: Life members of the California Medical Association shall be elected by the Council on the recommendation of any component county society from those active members thereof who (1) have been active members of this Association continuously for a period of twenty (20) years or more and are more than fifty (50) but less than sixty (60) years of age and have tendered to this Association a life membership fee of one hundred fifty (150) dollars; or (2) have been active members of this Association continuously for twenty-five (25) years or more and are more than sixty (60) but less than sixty-five (65) years of age and have tendered to this Association a life membership fee of one hundred (100) dollars; or (3) have been active members of this Association continuously for a period of twenty-five (25) years or more, are more than sixty-five (65) but less than seventy (70) years of age and have tendered to this Association a life membership fee of fifty (50) dollars; or (4) have been active members of this Association continuously for twenty-five (25) years or more and are more than seventy (70) years of age. Those active members falling within Classification 4 need not be recommended by any component county society, but are eligible to life membership on direct application to the Council. The Council may not elect to life membership any active member whose membership has not been continuous or who has ever been censured, suspended or expelled from the American Medical Association, this Association, any state medical association which is a constituent unit of the American Medical Association, or any county medical society which is a component part of this Association or a unit of any other state medical association.

Obligations and Rights.—Life members shall not pay dues and shall not be liable for assessments of any kind or nature. If active membership in good standing is maintained in his component county society, each life member shall have the right to vote, to hold office, and shall have all other rights and privileges of the Association. If active membership in his component county society is not maintained, the rights and privileges of a life member shall be those of a retired member.

*First printing of this constitutional amendment appeared in CALIFORNIA AND WESTERN MEDICINE Supplement, April, 1940, on page 44. Second printing in July, 1940. See also June issue, on page 280.

SECOND MEETING***Wednesday, May 7, 5 p. m., Auditorium****Order of Business**

1. Call to order.
2. Supplemental Report of Credentials Committee.
3. Roll call.
4. Secretary's announcement of Council's selection of place for the 1942 annual session.
5. Election of Officers:
 - (a) President-Elect.
 - (b) Speaker.
 - (c) Vice-Speaker.
 - (d) Councilors:

First District—Calvert L. Emmons, Ontario (term expiring).

Fourth District—Axcel E. Anderson, Fresno (term expiring).

Seventh District—Oliver D. Hamlin, Oakland (term expiring).
 - (e) Councillors-at-Large:

Philip K. Gilman, San Francisco (term expiring).

E. Earl Moody, Los Angeles (term expiring).
 - (f) Delegates to the American Medical Association—Incumbents:
 - (a) Elbridge J. Best, San Francisco (term expiring).
 - (b) Lyell C. Kinney, San Diego (term expiring).
 - (c) Lowell S. Goin, Los Angeles (term expiring).

*The second meeting will recess at such time in the afternoon as may be deemed best, to meet again at 8 p. m. in the ballroom auditorium, on the lobby floor.

- (d) Henry S. Rogers, Petaluma (term expiring).
- (g) Alternates to the American Medical Association—(Member elected is alternate to a specific delegate.)

Incumbents:

- (a) Robert S. Stone, San Francisco (term expiring).
- (b) Bon O. Adams, Riverside (term expiring).
- (c) Roy E. Thomas, Los Angeles (term expiring).
- (d) Philip K. Gilman, San Francisco (term expiring).
6. Announcement and Approval of Members of Standing Committees Elected by the Council.
7. Report of Reference Committees:
 - (a) Report of Reference Committee on "Reports of Officers and Standing Committees" (Reference Committee No. 1).
 - (b) Report of Reference Committee on "Report of the Council and Report of the Secretary-Treasurer" (Reference Committee No. 2).
 - (c) Reference Committee on "Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business" (Reference Committee No. 3).
8. Unfinished Business.
9. Presentation of Officers:

President

President-Elect

Speaker

Vice-Speaker
10. Presentation of Certificate to Retiring President Harry H. Wilson.
11. Approval of Minutes.
12. Adjournment.

**II****PROGRAM: BY DAYS**

See special programs for additional information

Sunday, May 4

- 9:00 a. m. to 4:30 p. m.—Pathologic Conference.
(under auspices of the Cancer Commission).
- 9:30 a. m.—Radiologic Conference (under auspices of the Cancer Commission).
- 12:00 noon to 5:00 p. m.—Scientific and commercial exhibits.
- 1:00 p. m.—Clinical Session on Cancer.
- 3:00 p. m.—Conference of County Society Secretaries.
- 7:30 p. m.—Council Meeting.

Monday, May 5

- 9:00 a. m.—First General Meeting: President's and other addresses.
- 1:30 p. m.—Section Meetings.
- 8:00 p. m.—House of Delegates.*



Note.—Council meets daily during the annual session.

Watch bulletin board for hours during which film and other demonstrations will be given in the Scientific Exhibits Section. Films will be shown in the Copper Cup Room between the hours of 9 a. m. and 12 noon. A different film will go on the screen at each half-hour.

Utilize every opportunity to visit the commercial and technical exhibits. Exhibitors will appreciate your interest.

Tuesday, May 6

- 7:45 a. m.—Past Presidents' Breakfast.
- 9:00 a. m.—General Meeting (Medical).
- 11:15 a. m.—Clinical-Pathological Conference.
- 12:30 p. m.—Special luncheons.
- 2:00 p. m.—California Physicians' Service.
- 4:15 p. m.—Meeting of "Medical Society of the State of California."
- 7:30 p. m.—President's dinner, reception, and dance.

Wednesday, May 7

- 9:00 a. m.—General Meeting (Surgical).
- 1:30 p. m.—Section Meetings.
- 5:00 p. m.—House of Delegates.
- 8:00 p. m.—House of Delegates.*

Thursday, May 8

- 9:00 a. m.—General Meeting (Military).
- 1:30 p. m.—Section Meeting (Panel Discussions).

* In order to permit the House of Delegates to be called to order at 8 p. m., all delegates are requested to register with the Credentials Committee between 7:30 p. m. and 8 p. m. at each meeting. For Wednesday afternoon meeting of the House of Delegates, register between 4:30 and 5 p. m.

SCIENTIFIC ASSEMBLY—GENERAL AND SECTION MEETINGS[†]

III GENERAL MEETINGS

For index of speakers, see page 177

All General Meetings will be held in the Auditorium, on the ground floor, Hotel Del Monte

First General Meeting Auditorium—Bali Room

Monday, May 5, 9 a. m.

Presiding

Charles A. Dukes, Past President

Harry H. Wilson, President

Address of Welcome—James McPharlin, M. D., President of the Monterey County Medical Society.

Greetings from the Woman's Auxiliary—Mrs. Axcel E. Anderson, Fresno, President of the Woman's Auxiliary to the California Medical Association.

Presentation of Miss Ruth Kliever, Bakersfield Junior College (successful contestant in the high school-junior college essay contest, conducted under the auspices of the California Medical Association Committee on Public Health Education).

Address of President—Harry H. Wilson, M. D., Los Angeles, President of the California Medical Association.

Report on California Physicians' Service—Ray Lyman Wilbur, M. D., President, and Albert E. Larsen, M. D., Secretary.

Report of Committee on Public Policy and Legislation—Dwight H. Murray, M. D., Napa, Chairman.

Potential Changes in Relationship Between the California State Department of Public Health and Private Doctors of Medicine—A. Elmer Belt, M. D., President, Los Angeles, and Bertram P. Brown, M. D., Director, San Francisco.

Report on National Physicians' Committee for the Extension of Medical Service (N. P. C.)—John M. Pratt, Executive Director, Chicago.

Rôle of the Medical Profession in the Defense Industrial Program—John H. Musser, M. D., Tulane University Medical School, New Orleans. (Guest speaker.)

Second General Meeting Auditorium—Bali Room

Tuesday, May 6, 9 a. m.

Presiding: Harry H. Wilson, President

Russel V. Lee, Section Chairman

This general meeting is under the direction of the Section on General Medicine. Program of that Section gives additional information. See page 166.

PART I. GENERAL SESSION

The Choice in Sulfonamide Drugs—Lowell A. Rantz, M. D., San Francisco, and Windsor C. Cutting, M. D., San Francisco.

Administrative Psychiatry—Aaron J. Rosanoff, M. D., Sacramento.

Facts and Fancies in Lower Back Disability—W. Warner Watkins, M. D., Phoenix, Arizona (by invitation).

PART II. CLINICAL PATHOLOGICAL CONFERENCE

Director: E. Richmond Ware, Section Secretary

Presentation of Two Cases: Discussion—John H. Musser, M. D., Department of Medicine, Tulane University Medical School, New Orleans; Robert F. Loeb, M. D., Department of Medicine, Columbia University Medical School, New York, and Alvin J. Cox, M. D., Department of Pathology, Stanford University Medical School, San Francisco.

Third General Meeting Auditorium—Bali Room

Wednesday, May 7, 9 a. m.

Presiding: Harry H. Wilson, President

George K. Rhodes, Section Chairman

The general meeting of Wednesday morning is under the direction of the Section on General Surgery. Program of that Section gives additional information. See page 167.

Diverticulosis and Diverticulitis of the Colon—E. J. Kilfooy, M. D., 1930 Wilshire Boulevard, Los Angeles.

Discussion by Stanley Mentzer, M. D., San Francisco, and E. Eric Larson, M. D., Los Angeles.

Operations for Goiter at the University of California Hospital—H. H. Searls, M. D., and Maurice Zeff, M. D., University Hospital, Third and Parnassus Avenues, San Francisco.

Discussion by Carl Hoag, M. D., San Francisco, and H. C. Shephardson, M. D., San Francisco.

Problems of Adrenal Insufficiency—Robert F. Loeb, M. D., Professor of Medicine, College of Physicians and Surgeons, Columbia University, New York. (Guest speaker.)

Surgery of Adrenal Tumors—Waltman Walters, M. D., The Mayo Clinic, Rochester, Minnesota. (Guest speaker.)

Fourth General Meeting Auditorium—Bali Room

Thursday, May 8, 9 a. m.

Presiding: Henry S. Rogers, President

Philip K. Gilman, Chairman of California Committee on Medical Preparedness

Director: J. Homer Woolsey, Member of Committee on Scientific Work

A SYMPOSIUM ON MILITARY MEDICINE

Medical Preparedness in California—Philip K. Gilman, M. D., Chairman of California Medical Association Committee on Medical Preparedness.

Medical Preparedness Activities of the American Medical Association—Charles A. Dukes, Member of the National Committee on Medical Preparedness of the American Medical Association.

Needs of the Medical Corps of the Army—Colonel H. R. Beery, Medical Corps, United States Army.

Needs of the Medical Corps of the Navy—Edward V. Reed, Captain, Medical Corps, United States Navy.

Aviation Medicine—Robert G. Davis, Captain, Medical Corps, United States Navy.

Selective Service Act: Medical Phases—Lieutenant-Colonel Bert S. Thomas, Chief of Medical Division, California Selective Service.

If time permits, general discussion will follow. Questions may also be sent forward in writing.

[†] A program of the meetings to be held at the annual session will be mailed to every member of the California Medical Association. The programs will contain abstracts of papers and other information. To conserve space in CALIFORNIA AND WESTERN MEDICINE, abstracts are not printed.

IV SECTION MEETINGS

For index of speakers, see page 177

SCIENTIFIC SECTION PROGRAMS

(Numbers in parenthesis after each section indicate sequence reference numbers of papers read in each section.)

	PAGE
I.—General Medicine (1-16).....	166
II.—General Surgery (17-31).....	167
III.—Obstetrics and Gynecology (32-42).....	168
IV.—Eye, Ear, Nose, and Throat (43-60).....	169
V.—Anesthesiology (61-70).....	170
VI.—Dermatology and Syphilology (71-94).....	171
VII.—Industrial Medicine and Surgery (95-104).....	172
VIII.—Neuropsychiatry (105-109).....	172
IX.—Pathology and Bacteriology (110-114).....	173
X.—Pediatrics (115-122).....	173
XI.—Radiology (123-125).....	174
XII.—Urology (126-139).....	175

CALIFORNIA MEDICAL ASSOCIATION

COMMITTEE ON SCIENTIFIC WORK

Rules Regarding Papers and Discussions at the Annual Sessions

Upon the recommendation of the Executive and Program Committees the following rules regarding annual session papers have been adopted by the Council:

1. The maximum time that may be consumed for any paper is fifteen minutes, provided that not to exceed ten minutes' latitude, at the discretion of the Section or presiding chairman, may be allowed. This rule does not apply to papers by guest speakers.

2. Motions from the floor to extend the time of an author may be entertained by the presiding officer.

3. The maximum time permitted any individual to discuss a paper is four minutes. This also applies to the author in closing his discussion. No speaker may discuss any one subject more than once.

4. A copy of each and every paper presented at the state meeting must be in the hands of the chairman or secretary of the section, or in the hands of the general secretary, before the paper is presented.

5. All papers read at the annual meeting may be published in full in CALIFORNIA AND WESTERN MEDICINE as soon after the meeting as space will permit. Owing to lack of space in the OFFICIAL JOURNAL, it is not possible to print all papers that are presented at an annual session. An essayist who wishes to offer his paper to some other medical publication should make written application to the Committee on Publication, care of California Medical Association, 450 Sutter Street, San Francisco.

6. Articles are accepted for publication on condition that they are contributed solely to CALIFORNIA AND WESTERN MEDICINE. Authors desiring to publish their papers elsewhere than in the JOURNAL may have their manuscripts returned to them upon written request to the editor.

7. No paper will be accepted by the General Program Committee or by Section program committees unless accompanied by a synopsis of not to exceed fifty words.

8. Papers shall not be "read by title."

9. No member may present more than one paper at any one annual session; provided that a member may be a collaborator on more than one paper, if these papers are presented by different speakers.

A member may not present a paper in each of two succeeding years.

Not more than one member of a firm will be permitted to present a paper in an annual session of the same year.

10. Failure on the part of an author to present a paper precludes acceptance of future papers from that writer for a period of two years, unless the author explains to the satisfaction of the Program Committee his inability to fulfill his obligation.

Section Papers: How Numbered

For convenience in reference, papers are numbered in serial sequence for the entire session, instead of in separate sequence for each section.

Business Meetings of Sections

Time of business meetings and elections of officers of sections will be scheduled on section blackboards by section secretaries, and through preliminary announcements by section chairmen.

Unless otherwise announced, the business meetings of each section and the election of officers will be held immediately after the reading of the second paper on the second day's section program.

Section officers are expected to keep minutes of business meetings, and to send a copy to the California Medical Association, 450 Sutter, San Francisco, for the official files.

I

GENERAL MEDICINE SECTION

RUSSEL V. LEE, M. D., *Chairman*
300 Homer Avenue, Palo Alto

GARNETT CHENEY, M. D., *Vice-Chairman*
210 Post Street, San Francisco

E. RICHMOND WARE, M. D., *Secretary*
1930 Wilshire Boulevard, Los Angeles

First Meeting

Monday, May 5, 1:30 p. m.

A SYMPOSIUM ON BLOOD DISORDERS

Paper No. 1:

An Evaluation of the Therapy of Leukemia—Salvatore Pablo Lucia, M. D., San Francisco.

Discussion by Fletcher B. Taylor, M. D., Oakland, and Madeline Fallon, M. D., Los Angeles.

Paper No. 2:

The Etiology of Iron Deficiency Anemias—Stacey R. Mettier, M. D., San Francisco, and Frederick Kellogg, M. D., Long Beach.

Discussion by William Chew, M. D., Berkeley, and George H. Houck, M. D., Los Angeles.

Paper No. 3:

Pernicious Anemia—Adequate Versus Optimum Treatment—John Martin Askey, M. D., Los Angeles.

Discussion by Arthur Marlow, M. D., La Jolla, and E. H. Falconer, M. D., San Francisco.

Paper No. 4:

Macrocytic Anemia in Liver Disease—Edgar Wayburn, M. D., San Francisco.

Discussion by Garnett Cheney, M. D., San Francisco, and Ernest M. Hall, Los Angeles.

Paper No. 5:

The Effects Upon the Blood of the Sulfonamide Compounds—Coleman B. Hendricks, M. D., Los Angeles.

Discussion by Louis E. Martin, M. D., Los Angeles, and Lowell A. Rantz, M. D., San Francisco.

✽

Second Meeting

General Session and Clinical-Pathological Conference

Tuesday, May 6, 9:00 a. m.

For list of speakers and papers, see General Session programs.

✽

Third Meeting

Tuesday, May 6, 1:30 p. m.

Joint Meeting with the Neuropsychiatry Section

Paper No. 6:

The Present Status of Shock Therapy in Neuropsychiatry, with Special Reference to Recent Advances in Preventing Complications—Byron Stewart, M. D., Compton Sanitarium, Compton.

Discussion by Eugene Ziskind, M. D., Los Angeles, and Norman Reider, M. D., Los Angeles.

Paper No. 7:

Functional Cardiac Disorders—Carol McKenney, M. D., San Francisco.

Discussion by Eugene Kilgore, M. D., San Francisco, and Mark Gerstle, M. D., Lieutenant-Commander, San Diego Naval Training Station.

Paper No. 8:

Management of Psychiatric Problems in Private Practice—H. Douglas Eaton, M. D., Los Angeles.

Discussion by Martin G. Carter, M. D., Los Angeles, and George S. Johnson, M. D., San Francisco.

Paper No. 9:

Emotional Syndromes and Disturbances of Personality Resulting from Brain Damage—Samuel D. Ingham, M. D., Los Angeles.

Discussion by Carl O. Von Hagen, M. D., Los Angeles, and Paul A. Gliebe, M. D., San Francisco.

Paper No. 10:

Some of the Diagnostic Problems of Coma Encountered by the Neurosurgeon—David L. Reeves, M. D., Los Angeles.

Discussion by R. B. Raney, M. D., Los Angeles, and Howard A. Brown, M. D., San Francisco.

**Wednesday, May 7, 9:00 a. m.—General Session**

For list of speakers and papers, see programs of General Sessions (page 165).

**Fourth Meeting**

Wednesday, May 7, 1:30 p. m.

Paper No. 11:

Chairman's Address: Advantages and Difficulties of Group Practice—Russel Van Arsdale Lee, M. D., Palo Alto.

Business Recess

Business meeting and election of officers.

Paper No. 12:

Clinical Studies on Adrenalin and Related Compounds—M. H. Nathanson, M. D., Los Angeles.

Discussion by Dwight Wilbur, M. D., San Francisco, and Clinton H. Thienes, M. D., Los Angeles.

Paper No. 13:

The Practitioner and Problems of Diabetes—Robert F. Loeb, M. D., New York City.

Paper No. 14:

Clinical Observation in Five-Year Follow-Up Study of Tuberculosis Infection in Three Thousand College Students—C. E. Shepherd, M. D., San Francisco, and Philip H. Pierson, M. D., San Francisco.

Discussion by William Voorsanger, M. D., San Francisco, and Rudd Sundberg, M. D., San Diego.

Paper No. 15:

Experiences with Some of the Newer Estrogenic Hormones—Hans Lissner, M. D., San Francisco, and C. Kelly Canelo, M. D., San Jose.

Discussion by Frederic Fluhmann, M. D., San Francisco, and Sheldon A. Payne, M. D., Los Angeles.

Paper No. 16:

Successful Sublingual Therapy in Addison's Disease and Other Endocrine Disorders—Evelyn Anderson, M. D., San Francisco; Webb Haymaker, M. D., San Francisco; and James Hopper, M. D., San Francisco.

Discussion by George Joyce Hall, M. D., Sacramento.

**Fifth Meeting**

Thursday, May 8, 9:00 a. m.—General Session

SYMPOSIUM: EMPHASIS ON MEDICAL PREPAREDNESS

For list of speakers and papers, see programs of General Sessions (page 165).

Sixth Meeting

Thursday, May 8, 1:30 p. m.

Joint Meeting with General Surgery Section

PANEL DISCUSSIONS

Intestinal Obstruction—George F. Rhodes, M. D., San Francisco, presiding.

Collaborators:

Waltman Walters, M. D., Rochester, Minnesota

Robert F. Loeb, M. D., New York City

Leo Henry Garland, M. D., San Francisco

Jesse H. Carr, M. D., San Francisco

Problems in the Care of the Aged—Howard F. West, M. D., Los Angeles, presiding.

Collaborators:

Robert F. Loeb, M. D., New York City

Waltman Walters, M. D., Rochester, Minnesota

Samuel D. Ingham, M. D., Los Angeles

Fletcher B. Taylor, M. D., Oakland

Louis E. Martin, M. D., Los Angeles

John W. Budd, M. D., Los Angeles

For the panel discussions, written questions are invited. These should be submitted to the chairmen of the Sections on Medicine and Surgery before Thursday noon, May 8, 1941. Because of time limits, there will be no open discussion from the floor.

**II****GENERAL SURGERY SECTION**

GEORGE K. RHODES, M. D., *Chairman*

490 Post Street, San Francisco

FRANK J. BRESLIN, M. D., *Secretary*

1930 Wilshire Boulevard, Los Angeles

THEODORE C. LAWSON, M. D., *Assistant Secretary*

3135 Webster Street, Oakland

First Meeting

Monday, May 5, 1:30 p. m.

Joint Meeting with the Sections on Pediatrics and Radiology

Paper No. 17:

Acute Osteomyelitis in Children—Paul E. McMaster, M. D., 1930 Wilshire Boulevard, Los Angeles, and Samuel S. Mathews, M. D., 1913 Wilshire Boulevard, Los Angeles.

Paper No. 18:

Congenital Dislocation of the Hip—The 1941 Responsibility of the Pediatrician, Roentgenologist, and Orthopedist—Joseph C. Risser, M. D., 1635 Chelsea Road, San Marino, and Morris B. Lerner, M. D., 116 North Madison Avenue, Pasadena.

Discussion by Carl H. Parker, M. D., Pasadena.

Paper No. 19:

The Physiological Pattern of Body Mechanics in Children During the First Ten Years of Life—Clifford Sweet, M. D., 2940 Summit Street, Oakland.

Discussion by Vernon P. Thompson, M. D., Los Angeles, and Frederic C. Bost, M. D., San Francisco.

Paper No. 20:

Congenital Intestinal Obstructions of the Newborn—J. Norton Nichols, M. D., 1930 Wilshire Boulevard, Los Angeles.

Discussion by Joseph Brennemann, M. D., Los Angeles. (By invitation.)

Paper No. 21:

Bleeding from the Digestive Tract in Infants and Children—L. R. Chandler, M. D., Stanford University Hospital, San Francisco.

Discussion by Joseph Brennemann, M. D., Los Angeles (by invitation), and Edward Shaw, M. D., San Francisco.

✽

Second Meeting

Tuesday, May 6, 1:30 p. m.

Paper No. 22:

The Treatment of Gallstones in the Biliary Ducts—E. Eric Larson, M. D., 1930 Wilshire Boulevard, Los Angeles.

Discussion by Frank J. Breslin, M. D., Los Angeles, and J. Homer Woolsey, M. D., Woodland.

Paper No. 23:

Reconstruction of the Common Bile Duct by Transplantation of External Biliary Fistula—Whitfield Crane, M. D., 426 Seventeenth Street, Oakland.

Discussion by Stanley Mentzer, M. D., San Francisco, and Sumner Everingham, M. D., Oakland.

Paper No. 24:

Studies in Appendicitis—Alanson Weeks, M. D., and G. D. Delprat, M. D., Fitzhugh Building, San Francisco.

Discussion by E. C. Moore, M. D., Los Angeles, and Robertson Ward, M. D., San Francisco.

Paper No. 25:

Surgery of the Stomach and Duodenum—Waltman Walters, M. D., The Mayo Clinic, Rochester, Minnesota. (Guest speaker.)

Paper No. 26:

Indications for Partial Gastrectomy in Duodenal Ulcer—Verne C. Hunt, M. D., 727 West Seventh Street, Los Angeles.

Discussion by Clarence G. Toland, M. D., Los Angeles, and Leon Goldman, M. D., San Francisco.

✽

Third Meeting

General Session—Wednesday May 7, 9:00 a. m.

SYMPOSIUM: EMPHASIS ON SURGICAL TOPICS

For list of speakers and papers, see programs of General Sessions (page 165).

✽

Fourth Meeting

Wednesday, May 7, 1:30 p. m.

Paper No. 27:

Tumors of the Small Bowel—Wayland A. Morrison, M. D., 1037 Pacific Mutual Building, Los Angeles, and Douglas Donath, M. D., 1037 Pacific Mutual Building, Los Angeles.

Discussion by John Homer Woolsey, M. D., Woodland, and E. V. Askey, M. D., Los Angeles.

Paper No. 28:

Tumors of the Rectum—Kenneth E. Smiley, M. D., 1136 West Sixth Street, Los Angeles.

Discussion by Robert Scarborough, M. D., San Francisco.

Paper No. 29:

Gastrojejunocolic and Enterocolic Fistulae—A Method of Treatment—Carlton Mathewson, M. D., 3975 Clay Street, San Francisco.

Discussion by Lawrence Chaffin, M. D., Los Angeles, and Ray B. McCarty, M. D., Riverside.

Business Recess

Business meeting and election of officers.

Paper No. 30:

Cancer of the Colon, Evaluation of Operative Treatment—William P. Kroger, M. D., 1930 Wilshire Boulevard, Los Angeles.

Discussion by Robertson Ward, M. D., San Francisco, and Ralph V. Byrne, M. D., Los Angeles.

Paper No. 31:

An Aseptic Resection of the Stomach for Carcinoma—Emile Holman, M. D., Stanford University School of Medicine, Lane and Stanford University Hospitals, San Francisco.

Discussion by Carleton Mathewson, Jr., M. D., San Francisco, and Eric Larsen, M. D., Los Angeles.

✽

Fifth Meeting

Thursday, May 8, 9:00 a. m.—General Session

SYMPOSIUM: EMPHASIS ON MEDICAL PREPAREDNESS

For list of speakers, see page 165.

✽

Sixth Meeting

Thursday, May 8, 1:30 p. m.

Joint Meeting with Section on General Medicine

PANEL DISCUSSIONS

Intestinal Obstruction—George K. Rhodes, M. D., presiding.

Collaborators:

Leo Henry Garland, M. D., San Francisco

Jesse H. Carr, M. D., San Francisco

Robert F. Loeb, M. D., New York City

Waltman Walters, M. D., Rochester, Minnesota.

Problems in the Care of the Aged—Howard F. West, M. D., Los Angeles, presiding.

Collaborators:

Robert F. Loeb, M. D., New York City

Waltman Walters, M. D., Rochester, Minnesota

Samuel D. Ingham, M. D., Los Angeles

Fletcher Taylor, M. D., Oakland

Louis E. Martin, M. D., Los Angeles

John W. Budd, M. D., Los Angeles

For the panel discussions, written questions are invited. Questions should be submitted to the chairmen of the Sections on Medicine and Surgery before Thursday noon, May 8. Because of time limits there will be no open discussion from the floor.

**III****OBSTETRICS AND GYNECOLOGY SECTION**

WILLIAM BENBOW THOMPSON, M. D., *Chairman*
6253 Hollywood Boulevard, Hollywood

C. F. FLUHMAN, M. D., *Vice-Chairman*
Stanford University Hospital, San Francisco

NORMAN H. WILLIAMS, M. D., *Secretary*
409 North Camden Drive, Beverly Hills

First Meeting

Monday, May 5, 1:30 p. m.

Joint Meeting with Section on Pathology and Bacteriology

ROUND-TABLE DISCUSSION OF HORMONES PRODUCING TUMORS OF THE OVARY

Roy E. Fallas, M. D., Los Angeles

Newton Evans, M. D., Los Angeles

Robert L. Blackman, M. D., Los Angeles
Margaret Schulze, M. D., San Francisco
Jesse L. Carr, M. D., San Francisco
Erle Henriksen, M. D., Los Angeles

Presentation of representative cases, including theca cell tumor, granulosa cell tumor, arrhenoblastoma, and adrenal-cell tumor. Discussion and correlation of clinical and pathological features.



Second Meeting

Tuesday, May 6, 1:30 p. m.

Paper No. 32:

Pregnancy Tests of the Past and the Present—Erle Henriksen, M. D., Pacific Mutual Building, Los Angeles.

Paper No. 33:

The Use of Ergonovine Intravenously at the End of the Second Stage of Labor—Donald A. Dallas, M. D., 490 Post Street, San Francisco.

Discussion by Woodburn K. Lamb, M. D., Berkeley.

Paper No. 34:

The Formation of Artificial Vagina—Harold K. Marshall, M. D., 204 Professional Building, Glendale.

Discussion by Ludwig Emge, M. D., San Francisco, and Ernest W. Page, M. D., Berkeley.

Paper No. 35:

Imperforate Hymen With and Without Hematocolpos—James C. Doyle, M. D., 415 North Camden Drive, Beverly Hills.

Discussion by Elmer Belt, M. D., Los Angeles, and Henry N. Shaw, M. D., Los Angeles.

Paper No. 36:

The Management of Tuberculosis with Pregnancy—Charles R. Castlen, M. D., 501 Glendale Professional Building, Glendale, and Margaret Aldrich, M. D., San Diego.

Discussion by Henry C. Warren, M. D., Belmont.

Paper No. 37:

Significance of Obstetrical Mortality in California for 1940—Robert A. Lyon, M. D., Department of Public Health, 760 Market Street, San Francisco.

Discussion by Karl Schaupp, M. D., San Francisco.



Third Meeting

Wednesday, May 7, 1:30 p. m.

Paper No. 38:

Hydatidiform Mole and Chorionepithelioma—Margaret Schulze, M. D., University of California Hospital, San Francisco.

Paper No. 39:

Hazards of Multiparity—George S. Harris, M. D., 409 North Camden Drive, Beverly Hills.

Paper No. 40:

Chairman's Address: Postgraduate Teaching of Obstetrics—William Benbow Thompson, M. D., 6253 Hollywood Boulevard, Hollywood.

Business Recess

Business meeting and election of officers.

Paper No. 41:

Polyyps of the Cervix and Uterus—Kurt Neugarten, M. D., 450 Sutter Street, San Francisco.

Discussion by Daniel G. Morton, M. D., San Francisco.

Paper No. 42:

Acute Abdominal Pain Resulting from Rupture of Graafian Follicle or Corpus Luteum Cysts—Hobart M. Kelly, M. D., The Mission Inn Rotunda, Riverside.

Discussion by George Judd, M. D., Los Angeles.



IV

EYE, EAR, NOSE, AND THROAT SECTION

HARRY J. WILEY, M. D., *Chairman*

2701 Florence Street, Huntington Park

FERRIS L. ARNOLD, M. D., *Vice-Chairman*

923 Security Building, Long Beach

WARREN D. HORNER, M. D., *Secretary*

490 Post Street, San Francisco

First Meeting

Monday, May 5, 1:30 p. m.

SYMPOSIUM ON THE SULFANILAMIDE GROUP OF DRUGS

Paper No. 43:

General Properties, Use and Dosage of the Sulfanilamide Group—Arthur Haim, M. D., 450 Sutter Street, San Francisco. (By invitation.)

Paper No. 44:

Use of the Sulfanilamide Group in Ophthalmology—George P. Landegger, M. D., 727 West Seventh Street, Los Angeles.

Paper No. 45:

Use of the Sulfanilamide Group in Diseases of the Ear, Nose, and Throat—Lewis F. Morrison, M. D., 490 Post Street, San Francisco.

Discussion by W. C. Cutting, M. D., San Francisco (by invitation); Roy F. Nelson, M. D., Oakland; and A. Ray Irvine, M. D., Los Angeles.

SYMPOSIUM ON RETROBULBAR NEURITIS

Paper No. 46:

Retrolbulbar Neuritis: Diagnosis, Etiology, and Treatment—Harold F. Whalman, M. D., 727 Seventh Street, Los Angeles.

Paper No. 47:

The Rôle of Multiple Sclerosis in the Causation of Retrolbulbar Neuritis—Mervyn H. Hirschfeld, M. D., 516 Sutter Street, San Francisco. (By invitation.)

Paper No. 48:

The Relation of Sinus Disease to Retrolbulbar Neuritis—Pierre Viole, M. D., 1930 Wilshire Boulevard, Los Angeles.

Discussion by Joseph W. Crawford, M. D., San Francisco, and Ferris L. Arnold, M. D., Long Beach.



Second Meeting

Tuesday, May 6, 1:30 p. m.

Paper No. 49:

The Effects of Drugs on the Respiration Mucous Membrane System—Leland G. Hunnicutt, M. D., 98 North Madison Avenue, Pasadena. (Kodachrome illustrations.)

Discussion by Russell Fletcher, M. D., San Francisco, and Robert C. McNaught, M. D., San Francisco.

Paper No. 50:

Otitis Externa: Diagnosis and Treatment—William H. Johnston, M. D., 1515 State Street, Santa Barbara.

Discussion by R. C. Martin, M. D., San Francisco, and Sol Malis, M. D., Los Angeles.

Business Recess*Business meeting and election of officers.*

Paper No. 51:

The Treatment of Fractures of the Facial Bones—Rulon S. Tillotson, Medico-Dental Building, Sacramento.

Discussion by Rea E. Ashley, M. D., San Francisco, and Harry Blackfield, M. D., San Francisco. (By invitation.)

Paper No. 52:

Relation of Allergy to Nasal Disease—Rea E. Ashley, M. D., 384 Post Street, San Francisco.

Discussion opened by Howard P. House, Los Angeles.

Paper No. 53:

Pathological Conditions Affecting the Salivary Glands—Samuel A. Morris, M. D., 725 Fourth Street, Marysville.

Discussion by Ben L. Bryant, M. D., Los Angeles, and Meade Mohun, M. D., San Mateo.

**Third Meeting****Wednesday, May 7, 1:30 p. m.**

Paper No. 54:

The Use of the Conjunctival Flap in Ophthalmology: Indications, Technique—William A. Boyce, M. D., 727 West Seventh Street, Los Angeles, and David A. McCoy, M. D., 510 South Spring Street, Los Angeles. (Illustrated by slides.)

Discussion by Joseph L. McCool, M. D., San Francisco, and Dennis V. Smith, Long Beach.

Paper No. 55:

Visual Disturbances Following Head Injury—William T. Grant, M. D., 1136 West Sixth Street, Los Angeles. (By invitation.)

Discussion by David O. Harrington, M. D., San Francisco, and Wilber F. Swett, M. D., San Francisco.

Paper No. 56:

A Nematode Eye Worm (Thelazia Californiensis) of Dog and Man: Report of a Case in Man—George N. Hosford, M. D., 450 Sutter Street, San Francisco, and Edward I. Sugarman, B. S., 450 Sutter Street, San Francisco.

Discussion by M. A. Stewart, Ph. D., Davis (by invitation), and George P. Landegger, M. D., Los Angeles.

Paper No. 57:

Congenital Glaucoma: A Challenge to Ophthalmology—Robert S. Irvine, 490 Post Street, San Francisco.

Discussion by Otto Barkan, M. D., San Francisco, and Carrol L. Weeks, M. D., Los Angeles.

Paper No. 58:

Treatment of Keratitis by Vascular Obliteration—William E. Borley, M. D., and Albert J. Brinckerhoff, M. D. (by invitation), Stanford Hospital, San Francisco.

Discussion by Robert N. Shaffer, M. D., San Francisco (by invitation), and Joseph W. Crawford, M. D., San Francisco.

Paper No. 59:

Report of the California Medical Association Committee on Problems of the Hard of Hearing—Ray M. Moose, M. D., Director, 575 Fifth Street, San Bernardino.

Paper No. 60:

Report of the Committee on Fee Schedules—Russell Fletcher, M. D., 490 Post Street, San Francisco.**V****ANESTHESIOLOGY SECTION**CHARLES F. MCCUSKEY, M. D., *Chairman*
1561 Puebla Drive, GlendaleKAROLINA B. JUMP, M. D., *Secretary*
95 South El Camino Real, San Mateo**First Meeting****Monday, May 5, 1:30 p. m.****SYMPOSIUM ON ANOXIA**

Paper No. 61:

Certain Phases of Anesthetic Deaths—Jesse L. Carr, M. D., University of California Medical School, The Medical Center, San Francisco.

Paper No. 62:

Anoxia in the Newborn—George Bates, M. D., University of California Medical School, San Francisco.

Paper No. 63:

The Dangers and Complications of Obstetrical Anesthesia to the Patient from the Viewpoint of the Obstetrician—Woodburn K. Lamb, M. D., 2490 Channing Way, Berkeley.

Paper No. 64:

Anoxia from the Anesthetist's Viewpoint—Lorruli A. Rethwilm, M. D., 2217 Webster Street, San Francisco.

Paper No. 65:

*The Heart Under Cyclopropane**—Clinton H. Thienes, M. D., University of Southern California, and Paul O. Greeley, M. D., University of Southern California.**Business Meeting and Election of Officers***Monday, May 5, 7:30 p. m.***Second Meeting****Tuesday, May 6, 1:30 p. m.**

Paper No. 66:

Chairman's Address: Regional Anesthesia with Intracaine—Charles F. McCuskey, M. D., 1561 Puebla Drive, Glendale.

Paper No. 67:

The Present Status of Trichlorethanol—Evelyn H. Case, M. D., 434 Thirtieth Street, Oakland.

Paper No. 68:

The Use of Avertin Nitrous Oxide Anesthesia in Thoracic Surgery—John H. Hutton, M. D., University of Oregon Medical School, Portland, Oregon. (By invitation.)

Paper No. 69:

Nupercaine (Percaïne) for Prolonged Spinal Anesthesia—Neil H. Lewis, M. D., 1680 North Vine Street, Los Angeles.

Paper No. 70:

"Continuous" Spinal Analgesia—Hubert H. Hathaway, M. D., Department of Surgery, Division of Anesthesia, University of California Medical School, San Francisco.

* Paper not included in symposium.

VI

DERMATOLOGY AND SYPHILOLOGY
SECTION

HARRY J. TEMPLETON, M. D., *Chairman*
3115 Webster Street, Oakland

HARRY P. JACOBSON, M. D., *Vice-Chairman*
2007 Wilshire Boulevard, Los Angeles

FRANCES A. TORREY, M. D., *Secretary*
University of California Hospital
San Francisco

First Meeting

Monday, May 5, 1:30 p. m.

Paper No. 71:

Chairman's Address—H. J. Templeton, M. D., 3115 Webster Street, Oakland.

Paper No. 72:

Fungus Infections of the Hand—Ervin Epstein, M. D., 1624 Franklin Street, Oakland.

Paper No. 73:

"So-Called" Fungus Infections of the Hand—Samuel Ayers, Jr., M. D., and Nelson Paul Anderson, M. D., 2007 Wilshire Boulevard, Los Angeles.

Paper No. 74:

Impetigo Herpetiformis in the Male—Fletcher Hall, M. D., 710 Wilshire Boulevard, Santa Monica.

Paper No. 75:

Recurrent Lymphangitis, with Report of an Unusual Case—W. H. Goeckerman, M. D., 1680 North Vine Street, Los Angeles.

Paper No. 76:

Vitamin Therapy—F. G. Novy, Jr., M. D., 411 Thirtieth Street, Oakland.

Discussion by Merlin T.-R. Maynard, M. D., San Jose.



Second Meeting

Tuesday, May 6, 1:30 p. m.

Paper No. 77:

Recent Public Health Aspects of the Control of Syphilis—Malcolm H. Merrill, M. D., Chief, Bureau of Venereal Diseases, California State Department of Health, San Francisco. (By invitation.)

Paper No. 78:

The Interpretation of Serological Tests for Syphilis—George V. Kulchar, M. D., 450 Sutter Street, San Francisco.

Business Recess

Business meeting and election of officers.

Paper No. 79:

Toxic Effects Following use of Mapharsen—Edward A. Levin, M. D., 450 Sutter Street, and Frances Keddle, M. D., University of California Hospital, San Francisco. (By invitation.)

Paper No. 80:

The Five-Day Treatment of Syphilis—Norman N. Epstein, M. D., 450 Sutter Street, San Francisco.

Paper No. 81:

Syphilitic Phlebitis of the Great Saphenous Veins—Two Cases—Walter F. Schwartz, M. D., 616 First Trust Building, Pasadena.

Paper No. 82:

Pemphigus of the Eye—Chris Halloran, M. D., 1652 West Sixth Street, Los Angeles.

Paper No. 83:

Report of a Case of Myxosarcoma of the Cheek—Merlin T.-R. Maynard, M. D., 241 East Santa Clara Street, San Jose.



Third Meeting

Wednesday, May 7, 1:30 p. m.

SYMPOSIUM: HISTOPATHOLOGY OF THE MORE COMMON
SKIN LESIONS

These will not be formal papers, but ten-minute discussions by each of the following men, accompanying the showing of the microphotographs. There will be no discussants.

Paper No. 84:

Inflammations: Eczema, Psoriasis, Pityriasis Rosae, Lichen Planus—Hiram E. Miller, M. D., 384 Post Street, San Francisco.

Paper No. 85:

Pemphigus, Sencar-Usher Pemphigus, Benign Familial Pemphigus, Dermatitis Herpetiformis, and Erythema Multiforme—Nelson Paul Anderson, M. D., 2007 Wilshire Boulevard, Los Angeles.

Paper No. 86:

Lupus Erythematosus, Discoid and Disseminated, and Related Atrophies—Maxwell J. Wolff, M. D., 2007 Wilshire Boulevard, Los Angeles.

Paper No. 87:

Scleroderma, Morphea, Lichen Sclerosus et Atrophicus and Related Atrophies—Ben A. Newman, M. D., 3875 Wilshire Boulevard, Los Angeles.

Paper No. 88:

Sarcoid, Leprosy and Allied Disorders—Walter F. Schwartz, M. D., 616 First Trust Building, Pasadena.

Paper No. 89:

Chancre, Gumma, Chancroid, Granuloma Inguinale, and Lymphogranuloma Inguinale—Julius R. Scholtz, M. D., 1930 Wilshire Boulevard, Los Angeles.

Paper No. 90:

Benign Tumors: Fibroma, Fibrosarcoma, Leiomyoma, Lipoma—Stuart C. Way, M. D., 490 Post Street, San Francisco.

Paper No. 91:

Dyskeratoses—Arne E. Ingels, M. D., 490 Post Street, San Francisco.

Paper No. 92:

Malignant Tumors—John M. Graves, M. D., 909 Hyde Street, San Francisco.

Paper No. 93:

Melanoma and Pigmented Nevi—Clement E. Counter, M. D., 117 East Eighth Street, Long Beach.

Paper No. 94:

Lymphoblastoma—Herman V. Allington, M. D., 3115 Webster Street, Oakland.

VII

INDUSTRIAL MEDICINE AND SURGERY
SECTION

JOHN S. STEPHENS, M.D., *Chairman*
1136 West Thirty-Sixth Street, Los Angeles

WILBUR J. COX, M.D., *Vice-Chairman*
450 Sutter Street, San Francisco

JOHN D. BALL, M.D., *Secretary*
414 Spurgeon Building, Santa Ana

First Meeting

Monday, May 5, 1:30 p. m.

Paper No. 95:

Chemical Poisonings in Industries—Paul A. Quaintance, M.D., 2007 Wilshire Boulevard, Los Angeles.

Paper No. 96:

Problem of Cardiovascular Disease as It Relates to Disability—Guy Van Scoyoc, M.D., 510 West Sixth Street, Los Angeles.

Paper No. 97:

A Modified System for the Treatment of Acute Cranio-cerebral Injuries (Based on One Thousand Cases)—Mark Albert Glaser, M.D., 1118 Roosevelt Building, Los Angeles.

Paper No. 98:

Principles Which Govern Our Choice of Treatment in Burns—Don D. Weaver, M.D., 400 Twenty-ninth Street, Oakland.

Paper No. 99:

Advantages of the Padgett Dermatone for Grafting of Skin—George Warren Pierce, M.D., 490 Post Street, San Francisco.



Second Meeting

Tuesday, May 6, 1:30 p. m.

Paper No. 100:

Seventeen Years of Experience in Treating Athletic Injuries at the University of California—James T. Harkness, Athletic Physician, University of California, Berkeley; William G. Donald, M.D., and Harold Hitchcock, M.D., The Ernest V. Crowell Memorial Hospital, Berkeley.

Paper No. 101:

The Treatment of Compound Fractures, with Special Reference to Injuries in Wartime—Leo Eloesser, M.D., 490 Post Street, San Francisco.

Business Recess

Business meeting and election of officers.

Paper No. 102:

The Advantages of a Modified Position in the Repair of Femoral Hernia—Clarence E. Rees, M.D., 2001 Fourth Avenue, San Diego.

Paper No. 103:

Fractures of the Ankle, with Special Reference to the Healing and Treatment of the Fracture of the Internal Malleolus of the Tibia—Harry H. Alexander, Jr., M.D., 423 Towne Avenue, Los Angeles.

Paper No. 104:

New Type of Plate for the Fixation of Fractures of the Long Bones—Charles W. Gilfillan, M.D., 1680 North Vine Street, Hollywood, and Kenneth Townsend, M.D., 700 North Fairfax Avenue, Los Angeles.

VIII

NEUROPSYCHIATRY SECTION

R. B. RANEY, M.D., *Chairman*
727 West Seventh Street, Los Angeles

JAMES A. CUTTING, M.D., *Secretary*
State Hospital, Agnew

At General Session*

Tuesday, May 6, 9:00 a. m.

For list of speakers and papers, see programs of General Sessions (page 165).

Paper No. 105:

Administrative Psychiatry—Aaron J. Rosanoff, M.D., Department of Institutions, Sacramento.



First Meeting

Tuesday, May 6, 1:30 p. m.

Joint Meeting with the Section on General Medicine

Already Listed as Paper No. 6.

The Present Status of Shock Therapy in Neuropsychiatry, with Special Reference to Recent Advances in Preventing Complications—Byron Stewart, M.D., Compton Sanitarium, Compton.

Discussion by Eugene Ziskind, M.D., Los Angeles, and Norman Reider, M.D., Los Angeles.

Already Listed as Paper No. 7.

Functional Cardiac Disorders—Carol McKenney, M.D., San Francisco.

Discussion by Eugene Kilgore, M.D., San Francisco, and Mark Gerstle, M.D., Lieutenant-Commander, San Diego Naval Training Station.

Already Listed as Paper No. 8.

Management of Psychiatric Problems in Private Practice—H. Douglas Eaton, M.D., Los Angeles.

Discussion by Martin G. Carter, M.D., Los Angeles, and George S. Johnson, M.D., San Francisco.

Already Listed as Paper No. 9.

Emotional Syndromes and Disturbances of Personality Resulting from Brain Damage—Samuel D. Ingham, M.D., Los Angeles.

Discussion by Carl O. Von Hagen, M.D., Los Angeles, and Paul A. Gliebe, M.D., San Francisco.

Already Listed as Paper No. 10.

Some of the Diagnostic Problems of Coma Encountered by the Neurosurgeon—David L. Reeves, M.D., Los Angeles.

Discussion by R. B. Raney, M.D., Los Angeles, and Howard A. Brown, M.D., San Francisco.



Second Meeting

Wednesday, May 7, 1:30 p. m.

Paper No. 106:

Chairman's Address: The Consequent Sensory Changes to Spinal Root Lesions and Their Importance in Neurologic Diagnosis—R. B. Raney, M.D., 727 West Seventh Street, Los Angeles.

Paper No. 107:

A Comparison of the Findings Obtained by the Electroencephalogram and Vestibular Studies in Cases of Epilepsy—H. Sjaardema, M.D., and Mark Albert Glaser, M.D., 1118 Roosevelt Building, Los Angeles.

* See program of Second General Session, Tuesday morning.

Business Recess*Business meeting and election of officers.*

Paper No. 108:

Rôle of a Neuropsychiatrist Attached to a Naval Training Station—Mark Gerstle, Jr., M.D., United States Naval Training Station, San Diego.

Paper No. 109:

Early Recognition and Treatment of Functional Complaints—John M. Nagle, M.D., 1195 Bush Street, San Francisco.**IX****PATHOLOGY AND BACTERIOLOGY SECTION**JOHN W. BUDD, M.D., *Chairman*
1401 South Hope Street, Los AngelesROY W. HAMMACK, M.D., *Secretary*
657 South Westlake Avenue, Los AngelesJESSE L. CARR, M.D., *Assistant Secretary*
University of California Hospital
San Francisco**First Meeting****Monday, May 5, 1:30 p. m.***Joint Meeting with Section on Obstetrics and Gynecology***ROUND-TABLE DISCUSSION OF HORMONES PRODUCING TUMORS OF THE OVARY**Roy E. Fallas, M.D., Los Angeles
Newton Evans, M.D., Los Angeles
Robert L. Blackman, M.D., Los Angeles
Margaret Schulze, M.D., San Francisco
Jesse L. Carr, M.D., San Francisco
Erle Henriksen, M.D., Los Angeles

Presentation of representative cases, including theca cell tumor, granulosa cell tumor, arrhenoblastoma and adrenal cell tumor. Discussion and correlation of clinical and pathological features.

**Second Meeting****Tuesday, May 6, 1:30 p. m.**

Paper No. 110:

Thrombosis of the Aorta and Vena Cava—Norman J. Sweet, M.D., University Hospital, Medical Center, San Francisco.

Paper No. 111:

The Stomach in Pernicious Anemia and Sprue—Alvin J. Cox, M.D., 2298 Sacramento Street, San Francisco.

Paper No. 112:

Chairman's Address—John W. Budd, M.D., 1401 South Hope Street, Los Angeles.**Business Recess***Business meeting and election of officers.*

Paper No. 113:

Hyperparathyroidism with Parathyroid Adenomata—Leonard Dobson, M.D., Stanford University Hospital, San Francisco.

Paper No. 114:

Nitrogen-Calorie Approach to the Study of Disturbed Metabolism—Franklin R. Nuzum, M.D., Cottage Hospital, Santa Barbara, and A. M. Moody, M.D., St. Mary's Hospital, San Francisco.**X****PEDIATRICS SECTION**WILLIAM W. BELFORD, M.D., *Chairman*
601 Medico-Dental Building, San DiegoJ. J. MILLER, JR., M.D., *Secretary*
2398 Sacramento Street, San FranciscoLOUIS M. EARLE, M.D., *Assistant Secretary*
6381 Hollywood Boulevard, Hollywood**First Meeting****Monday, May 5, 1:30 p. m.***Joint Meeting with Sections on Surgery and Radiology*

Already Listed as Paper No. 17.

Acute Osteomyelitis in Children—Paul E. McMaster, M.D., 1930 Wilshire Boulevard, Los Angeles, and Samuel S. Mathews, M.D., 1913 Wilshire Boulevard, Los Angeles.

Already Listed as Paper No. 18.

Congenital Dislocation of the Hip—The 1941 Responsibility of the Pediatrician, Roentgenologist, and Orthopedist—Joseph C. Risser, M.D., 1635 Chelsea Road, San Marino, and Morris B. Lerner, M.D., 116 North Madison Avenue, Pasadena.

Discussion by Carl H. Parker, M.D., Pasadena.

Already Listed as Paper No. 19.

The Physiological Pattern of Body Mechanics in Children During the First Ten Years of Life—Clifford Sweet, M.D., 2940 Summit Street, Oakland.

Discussion by Vernon P. Thompson, M.D., Los Angeles, and Frederic C. Bost, M.D., San Francisco.

Already Listed as Paper No. 20.

Congenital Intestinal Obstructions of the Newborn—J. Norton Nichols, M.D., 1930 Wilshire Boulevard, Los Angeles.

Discussion by Joseph Brennemann, M.D., Los Angeles. (By invitation.)

Already Listed as Paper No. 21.

Bleeding from the Digestive Tract in Infants and Children—L. R. Chandler, M.D., Stanford University Hospital, San Francisco.

Discussion by Joseph Brennemann, M.D., Los Angeles (by invitation), and Edward Shaw, M.D., San Francisco.

**Second Meeting****Tuesday, May 6, 1:30 p. m.**

Paper No. 115:

Orthodontia: A Medical Problem—Francis M. Potten-ger, Jr., M.D., Monrovia.

Discussion by W. E. Wilson, D.D.S., Pasadena. (By invitation.)

Paper No. 116:

Medical Aspects of Orthodontic Failures—Henry E. Stafford, M.D., 2940 Summit Street, Oakland.

Discussion opened by Ernest Setzer, D.D.S., Oakland (by invitation), and Albert Rowe, M.D., Oakland.

Paper No. 117:

The Use of Estrogens in Pediatrics—William A. Reilly, M. D., 384 Post Street, San Francisco.

Discussion by Sheldon Payne, M. D., Los Angeles, and Frederick Fluhmann, M. D., San Francisco.

Paper No. 118:

Chemotherapy of Meningitis—Randolph G. Flood, M. D., 490 Post Street, San Francisco.

Discussion opened by Edward B. Shaw, M. D., San Francisco.

Business Recess

Business meeting and election of officers.

**Third Meeting**

Wednesday, May 7, 1:30 p. m.

Paper No. 119:

Buccal Spots: A New Physical Sign in Upper Respiratory Infections of Children—Ernst Wolff, M. D., 490 Post Street, San Francisco, and Oscar Herz, M. D., 2000 Van Ness Avenue, San Francisco.

Discussion opened by Oscar Reiss, M. D., Los Angeles.

Paper No. 120:

Tuberose Sclerosis—Lloyd B. Dickey, M. D., Stanford School of Medicine, San Francisco.

Discussion opened by Arne Ingels, M. D., San Francisco.

Paper No. 121:

Poisoning in Childhood—R. F. Chittenden, M. D., 4222 Lankershim Boulevard, North Hollywood, and Russell Mapes, M. D., 9615 Brighton Way, Beverly Hills.

Discussion opened by Paul J. Hanzlik, M. D., San Francisco.

Paper No. 122:

Erythroblastosis Fetalis—Richard D. Cutter, M. D., 261 Hamilton Avenue, Palo Alto, and Burt L. Davis, M. D., 261 Hamilton Avenue, Palo Alto.

Discussion opened by Alonzo Cass, M. D., Los Angeles.

**XI****RADIOLOGY SECTION**

CARL H. PARKER, M. D., *Chairman*
65 North Madison Avenue, Pasadena

WILBUR BAILEY, M. D., *Secretary*
2009 Wilshire Boulevard, Los Angeles

J. M. ROBINSON, M. D., *Assistant Secretary*
372 Funston Avenue, San Francisco

First Meeting

Monday, May 5, 1:30 p. m.

Joint Meeting with Sections on Surgery and Pediatrics

Already Listed as Paper No. 17.

Acute Osteomyelitis in Children—Paul E. McMaster, M. D., 1930 Wilshire Boulevard, Los Angeles, and Samuel S. Mathews, M. D., 1913 Wilshire Boulevard, Los Angeles.

Already Listed as Paper No. 18.

Congenital Dislocation of the Hip—The 1941 Responsibility of the Pediatrician, Roentgenologist, and Orthopedist—Joseph C. Risser, M. D., 1635 Chelsea Road, San Marino, and Morris B. Lerner, M. D., 116 North Madison Avenue, Pasadena.

Discussion by Carl H. Parker, M. D., Pasadena.

Already Listed as Paper No. 19.

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Discussion by Vernon P. Thompson, M. D., Los Angeles, and Frederic C. Bost, M. D., San Francisco.

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Discussion by Joseph Brennemann, M. D., Los Angeles (by invitation), and Edward Shaw, M. D., San Francisco.

**General Session Meeting**

Tuesday, May 6, 9:00 a. m.

For list of speakers and papers, see programs of General Sessions (page 165).

Motion Pictures—Copper Cup Room.

1. Exploring with X-Rays.

2. Moving X-Rays—Ufa Film.

For time of display in Copper Cup Room, see film program and bulletin boards.



Tuesday, May 6, 1:30 p. m.

Pacific Roentgen Club Meeting

Paper No. 123:

Radiation Therapy of Extensive Bladder Cancer—W. E. Costolow, M. D., 1407 South Hope Street, Los Angeles.

Discussion by Lowell S. Goin, M. D., 1930 Wilshire Boulevard, Los Angeles, and B. H. Hager, M. D., 1136 West Sixth Street, Los Angeles.

Paper No. 124:

The Bicipital Groove and the Grooved Defect of the Humeral Head—Harold A. Hill, M. D., 450 Sutter Street, San Francisco, and Maurice D. Sachs, M. D. (By invitation.)

Paper No. 125:

Roentgen Treatment of Subacromial Bursitis and Supraspinatus Tendinitis—John F. Chapman, M. D., 749 Fairmont Avenue, Pasadena.

Discussion by Robert K. Gustafson, M. D., 90 North Madison Avenue, Pasadena.

Business Recess

Business meeting and election of officers.

XII

UROLOGY SECTION

LYLE G. CRAIG, M. D., *Chairman*
65 North Madison Avenue, Pasadena
EDWARD W. BEACH, M. D., *Secretary*
1127 Eleventh Street, Sacramento

First Meeting

Monday, May 5, 1:30 p. m.

Paper No. 126:

Primary Lymphosarcoma of the Bladder: Report of a Case and Review of the Literature—Henry A. R. Kreutzmann, M. D., 2000 Van Ness Avenue, San Francisco.

Discussion opened by Irving Wills, M. D., Santa Barbara, and Gerson Biskind, M. D., San Francisco.

Paper No. 127:

Intestinal-Vesical Fistula—Roger W. Barnes, M. D., 947 West Eighth Street, and Malcolm R. Hill, M. D., 727 West Seventh Street, Los Angeles.

Discussion opened by Montague Woolf, M. D., San Francisco, and Edward Palette, Jr., M. D., Los Angeles.

Paper No. 128:

Nonspecific Infections of the Urinary Tract—Curtis H. McDonnell, M. D., California State Life Building, Sacramento.

Discussion opened by Joseph S. Rubin, M. D., Los Angeles, and Thomas I. Buckley, M. D., Oakland.

Paper No. 129:

Recent Advances in Urology—Angus A. McKinnon, M. D., 311 Main Street, Placerville.

Discussion opened by Wilson Stegeman, M. D., Santa Rosa, and Dudley Saeltzer, M. D., Sacramento.

Paper No. 130:

The Postpartum Bladder—Frederick A. Bennetts, M. D., 1921 Wilshire Boulevard, Los Angeles, and George E. Judd, M. D., 2200 West Third Street, Los Angeles.

Discussion opened by William E. Stevens, M. D., San Francisco, and Jay Crane, M. D., Los Angeles.

Paper No. 131:

Torsion of the Testicle—James Ownby, M. D., and Ray C. Atkinson, M. D., Division of Urology, Stanford University Medical School, San Francisco.

Discussion opened by James L. Bray, M. D., Los Angeles, and James R. Dillon, M. D., San Francisco.

Paper No. 132:

Chairman's Address: Priapism from Hypernephroma Metastases in the Cavernous Bodies—Lyle G. Craig, M. D., 65 North Madison Avenue, Pasadena.



Second Meeting

Tuesday, May 6, 1:30 p. m.

Paper No. 133:

Conservative Renal Surgery—George F. Schenck, M. D., 1930 Wilshire Boulevard, Los Angeles.

Discussion by James B. Herring, M. D., San Francisco, and E. F. Chamberlain, M. D., San Diego.

Paper No. 134:

The Ureteral Splint in Renal Surgery—Lloyd Kindall, M. D., 400 Twenty-ninth Street, Oakland.

Discussion opened by A. J. Scholl, M. D., Los Angeles, and George Reinle, M. D., Oakland.

Paper No. 135:

Hypertension Relieved by Nephrectomy—Thomas E. Gibson, M. D., 450 Sutter Street, San Francisco.

Discussion opened by J. C. Negley, M. D., Glendale, and Dudley P. Fagerstrom, M. D., San Jose.

Paper No. 136:

"Believe It or Nots" in Urology—Wirt B. Dakin, M. D., 802 Pacific Mutual Building, Los Angeles.

Business Recess

Business meeting and election of officers.

Paper No. 137:

What Can Be Expected from Resection in Cancer of the Prostate?—H. C. Bumpus, Jr., M. D., 112 North Madison Avenue, Pasadena.

Discussion opened by Frank Hinman, M. D., San Francisco, and Elmer Belt, M. D., Los Angeles.

Paper No. 138:

Transurethral Resection Versus Suprapubic Prostatectomy—Hans Hartman, M. D., 920 Fifteenth Street, Modesto.

Discussion opened by G. Franklin Farman, M. D., Los Angeles, and Robert L. Hamilton, M. D., Marysville.

Paper No. 139:

Surgical Accidents to the Pelvic Ureter—K. D. Luechauer, M. D., 1759 Fulton Street, Fresno.

Discussion opened by Walter F. Pritchard, M. D., San Bernardino, and Axel E. Anderson, M. D., Fresno.



HOTEL DEL MONTE: MAIN ENTRANCE

V

SCIENTIFIC EXHIBITS

Mezzanine Floor, Sun Room and East Terrace Tent

As in previous years, scientific exhibits will be shown by members of the Association and by affiliated organizations. Detailed information concerning such exhibits will be given in the annual session programs.

Every member of the Association who is in position to present a scientific exhibit is requested to communicate with the Association Secretary, 450 Sutter Street, San Francisco. Additional information will be forwarded concerning the scientific exhibit division.



VI

FILMS: MEDICAL, SURGICAL AND PUBLIC HEALTH

Copper Cup Room, Ground Floor (Adjacent to Bali Room)

Films will be presented in the Copper Cup Room on the ground floor, at the end of the long corridor, and to the left.

A cordial invitation is extended to members who have produced medical films to write to the Association Secretary, 450 Sutter, San Francisco, for information concerning the arrangements

Films will be shown during the morning hours and, unless otherwise announced, a different film will start on each half-hour, commencing at 9 o'clock and continuing up to the noon hour. The bulletin board outside the Copper Cup Room will indicate any changes in schedules.



VII

OTHER MEETINGS[†]

Complete programs of the various societies and affiliated organizations will be given in the annual session program, a copy of which will be sent to every member of the California Medical Association.

Lack of space and printing complications necessitated the deletion of the informative text intended for appearance in CALIFORNIA AND WESTERN MEDICINE.

CANCER COMMISSION MEETINGS

I

CLINICAL SESSION ON CANCER

Sunday, May 4, 1 p. m.

The annual clinical session on cancer will take place on Sunday, May 4, at 1:00 p. m. at Hotel Del Monte. The subject of this meeting will be "Cancer of the Lung." The Committee, under the chairmanship of Dr. Harold Brunn, has arranged an excellent program.

II

CONFERENCE IN MICROSCOPIC PATHOLOGY

The usual semi-annual Conference in Microscopic Pathology will be held on Sunday, May 4, at Del Monte, at 9:30 a. m. The meeting will be conducted, as in the past, with case reports and individual examination of slides.

Reservations for this meeting should be sent to Dr. Otto H. Pflueger, 384 Post Street, San Francisco, Secretary of the Cancer Commission. It is necessary that each attendant bring his own microscope. Because of limited accommodations, prompt correspondence is desired.

[†] For meeting rooms, see bulletin boards. Lack of space made necessary the deletion of informative text and programs concerning these meetings.

III

RADIOLOGICAL MEETING

The annual radiological meeting, under the auspices of the California Cancer Commission, will be held on Sunday, May 4, at Hotel Del Monte.

Morning Session.—The morning session, from 9:30 to 11:30, will be devoted to differential roentgenologic diagnosis. Those who wish to present an interesting proved diagnostic case, or cases, illustrating some phase of differential diagnosis of tumor, will please communicate with Dr. J. M. Robinson, chairman of committee arranging the meeting, University of California Hospital, Parnassus Avenue, San Francisco. Films of cases, accompanied by pathologic specimens, are especially desired.

Afternoon Session.—The afternoon program has been combined with the clinical meeting on cancer, being a symposium on carcinoma of the lung. This will be held from one to five o'clock.

If you plan to attend, will you please make reservations with Dr. J. M. Robinson at your earliest convenience and advise him of any material that you would like to present at either the morning or afternoon session.

IV

CONFERENCE OF SECRETARIES OF COMPONENT COUNTY MEDICAL SOCIETIES

Sunday, May 4, 3 p. m.

The annual pre-convention meeting of secretaries of the component county medical societies in California will convene at 3 p. m., Dr. Robert A. Peers, Colfax, presiding. In due course, other information will be sent to the county society secretaries.

V

CALIFORNIA HEART ASSOCIATION
ANNUAL MEETING

Sunday, May 4, 9:30 a. m.

Afternoon Session, 1:30 p. m.

For information, address:

HOWARD F. WEST, *President*.

1930 Wilshire Boulevard, Los Angeles.

LOUIS E. MARTIN, *Secretary-Treasurer*.

1136 West Sixth Street, Los Angeles.

VI

WESTERN ASSOCIATION OF INDUSTRIAL
PHYSICIANS AND SURGEONS*

Sunday, May 4, 9 a. m.

Information may be secured by writing to the secretary,
Christopher Leggo, M. D., California Sugar Corporation,
Crockett.

*Morning Session**Afternoon Session, 2 p. m.*

* For explanatory letter, see page 249.

VII

CALIFORNIA PHYSICIANS' ART ASSOCIATION
ART EXHIBITION

California Physicians' Art Association will conduct its
second annual Art Exhibition in the spacious new Lounge
Room on the ground floor of Hotel Del Monte on May
5 to 8.

Physicians who wish to participate in this Del Monte
Art Exhibition can receive instructions and application
blanks by corresponding with either of the undersigned.

The California Physicians' Art Association appreciates
greatly the generosity of the California Medical Associ-
ation in making available the beautiful new Lounge Room,
in which the art members will conduct their art show.

HAROLD LINCOLN THOMPSON, M. D., *President*,
1930 Wilshire Boulevard, Los Angeles.

F. H. REDEWILL, *Secretary*,
521-536 Flood Building, San Francisco.



VIII

INDEX TO SPEAKERS

Del Monte, May 5, 6, 7, 8, 1941

Name and City	Paper No.	Name and City	Paper No.	Name and City	Paper No.
— A —					
Aldrich, M., <i>San Diego</i>	36	Gerstle, Jr., M., <i>San Diego</i>	108	Loeb, R. F., <i>New York City</i>	13
Alexander, Jr., H. H., <i>Los Angeles</i>	103	Gibson, T. E., <i>San Francisco</i>	135	Third General Session	
Allington, H. V., <i>Oakland</i>	94	Gillfillan, C. W., <i>Hollywood</i>	104	Loeb, R. F., <i>New York City</i>	13
Anderson, E., <i>San Francisco</i>	16	Gilman, P. K., <i>San Francisco</i>		Lucia, S. P., <i>San Francisco</i>	1
Anderson, N. P., <i>Los Angeles</i>	85	Fourth General Session		Luechauer, K. D., <i>Fresno</i>	139
Anderson, N. P., <i>Los Angeles</i>	73	Glaser, M. A., <i>Los Angeles</i>	97	Lyon, R. A., <i>San Francisco</i>	37
Ashley, R. E., <i>San Francisco</i>	52	Glaser, M. A., <i>Los Angeles</i>	107	— Mc —	
Askey, J. M., <i>Los Angeles</i>	3	Goeckerman, W. H., <i>Los Angeles</i>	75	McCoy, D. A., <i>Los Angeles</i>	54
Atkinson, R. C., <i>San Francisco</i>	131	Grant, W. T., <i>Los Angeles</i>	55	McCuskey, C. F., <i>Glendale</i>	66
Ayres, Jr., S., <i>Los Angeles</i>	73	Graves, John M., <i>San Francisco</i>	92	McDonnell, C. H., <i>Sacramento</i>	128
— B —		Greeley, P. O., <i>Los Angeles</i>	65	McKenney, C., <i>San Francisco</i>	7
Barnes, R. W., <i>Los Angeles</i>	127	— H —		McKinnon, A. A., <i>Placerville</i>	129
Bates, G., <i>San Francisco</i>	62	Haim, A., <i>San Francisco</i>	43	McMaster, P. E., <i>Los Angeles</i>	17
Beery, H. R., <i>San Francisco</i>		Hall, F., <i>Santa Monica</i>	74	— M —	
.....Fourth General Session		Halloran, C., <i>Los Angeles</i>	82	Mapes, R., <i>Beverly Hills</i>	121
Belt, E. A., <i>Los Angeles</i>		Harkness, J. T., <i>Berkeley</i>	100	Marshall, H. K., <i>Glendale</i>	34
.....First General Session		Harris, G. S., <i>Beverly Hills</i>	39	Mathews, S. S., <i>Los Angeles</i>	17
Bennetts, F. A., <i>Los Angeles</i>	130	Hartman, H., <i>Modesto</i>	138	Mathewson, C., <i>San Francisco</i>	29
Borley, W. E., <i>San Francisco</i>	58	Hathaway, H. H., <i>San Francisco</i>	70	Merrill, M. H., <i>San Francisco</i>	77
Boyce, W. A., <i>Los Angeles</i>	54	Haymaker, W., <i>San Francisco</i>	16	Mettier, S. R., <i>San Francisco</i>	2
Brinkerhoff, A. J., <i>San Francisco</i>	58	Hendricks, C. B., <i>Los Angeles</i>	5	Miller, H. E., <i>San Francisco</i>	84
Brown, B. P., <i>San Francisco</i>		Henriksen, E., <i>Los Angeles</i>	32	Maynard, M. T.-R., <i>San Jose</i>	83
.....First General Session		Herz, O., <i>San Francisco</i>	119	Moody, A. M., <i>San Francisco</i>	114
Budd, J. W., <i>Los Angeles</i>	112	Hill, H. A., <i>San Francisco</i>	124	Morris, S. A., <i>Marysville</i>	53
Bumpus, H. C., <i>Pasadena</i>	137	Hill, M. R., <i>Los Angeles</i>	127	Morrison, L. F., <i>San Francisco</i>	45
— C —		Hirschfeld, M. H., <i>San Francisco</i>	47	Morrison, W. A., <i>Los Angeles</i>	27
Canelo, C. K., <i>San Jose</i>	15	Hitchcock, H., <i>Berkeley</i>	100	Moose, R. M., <i>San Bernardino</i>	59
Carl, J. L., <i>San Francisco</i>	61	Holman, E., <i>San Francisco</i>	31	Murray, D. H., <i>Napa</i>	
Case, E. H., <i>Oakland</i>	67	Hopper, J., <i>San Francisco</i>	16	First General Session	
Castlen, C. R., <i>Glendale</i>	36	Hosford, G. N., <i>San Francisco</i>	56	Musser, J. H., <i>New Orleans</i>	
Chandler, L. R., <i>San Francisco</i>	21	Hunnicutt, L. G., <i>Pasadena</i>	49	First and Second General Sessions	
Chapman, J. F., <i>Pasadena</i>	125	Hunt, V. C., <i>Los Angeles</i>	26	— N —	
Chittenden, R. F., <i>North Hollywood</i>	121	Hutton, J. H., <i>Portland, Ore.</i>	68	Nagle, J. M., <i>San Francisco</i>	109
Costelow, W. E., <i>Los Angeles</i>	123	— I —		Nathanson, M. H., <i>Los Angeles</i>	12
Counter, C. E., <i>Long Beach</i>	93	Ingels, A. E., <i>San Francisco</i>	91	Neugarten, K., <i>San Francisco</i>	41
Cox, A., <i>San Francisco</i>		Ingham, S. D., <i>Los Angeles</i>	9	Newman, B. A., <i>Los Angeles</i>	87
.....Second General Session		Irvine, R. S., <i>San Francisco</i>	57	Nichols, J. N., <i>Los Angeles</i>	20
Cox, A. J., <i>San Francisco</i>	111	— J —		Novy, Jr., F. G., <i>Oakland</i>	76
Craig, L. G., <i>Pasadena</i>	132	Johnston, W. H., <i>Santa Barbara</i>	50	Nuzum, F. A., <i>Santa Barbara</i>	114
Crane, W., <i>Oakland</i>	23	Judd, G. E., <i>Los Angeles</i>	130	— O —	
Cutter, R. D., <i>Palo Alto</i>	122	— K —		Ownby, J., <i>San Francisco</i>	131
— D —		Keddie, F., <i>San Francisco</i>	79	— P —	
Dakin, W. B., <i>Los Angeles</i>	136	Kellogg, F., <i>Long Beach</i>	2	Pierce, G. W., <i>San Francisco</i>	99
Dallas, D. B., <i>San Francisco</i>	33	Kelly, H. M., <i>Riverside</i>	42	Pierson, P. H., <i>San Francisco</i>	14
Davis, B. L., <i>Palo Alto</i>	122	Kilfoy, E. J., <i>Los Angeles</i>		Pottenger, Jr., F. M., <i>Monrovia</i>	115
Davis, R. G., <i>Vallejo</i>		Third General Session		Pratt, J. M., <i>Chicago</i>	
.....Fourth General Session		Kindall, L., <i>Oakland</i>	134	First General Session	
Delprat, G. D., <i>San Francisco</i>	24	Kreutzmann, H. A. R., <i>San Francisco</i>	126	— Q —	
Dickey, L. B., <i>San Francisco</i>	120	Kroger, W. P., <i>Los Angeles</i>	30	Quaintance, P. A., <i>Los Angeles</i>	95
Dobson, L., <i>San Francisco</i>	113	Kulchar, G. V., <i>San Francisco</i>	78	— R —	
Donald, W. G., <i>Berkeley</i>	100	— L —		Raney, R. B., <i>Los Angeles</i>	106
Donath, D., <i>Los Angeles</i>	27	Lamb, W. K., <i>Berkeley</i>	63	Rantz, L. A., <i>San Francisco</i>	
Doyle, J. C., <i>Beverly Hills</i>	35	Landegger, G. P., <i>Los Angeles</i>	44	Second General Session	
Dukes, C. A., <i>Oakland</i>		Larsen, A. E., <i>San Francisco</i>		Reed, Edward U., <i>San Francisco</i>	
.....Fourth General Session		First General Session		Fourth General Session	
— E —		Larson, E. E., <i>Los Angeles</i>	22	Rees, C. E., <i>San Diego</i>	102
Eaton, H. D., <i>Los Angeles</i>	8	Lee, R. V., <i>Palo Alto</i>	11	Reeves, D. L., <i>Los Angeles</i>	10
Eloesser, L., <i>San Francisco</i>	101	Lerned, M. B., <i>Pasadena</i>	18	Reilly, W. A., <i>San Francisco</i>	117
Epstein, E., <i>Oakland</i>	72	Levin, E. A., <i>San Francisco</i>	79	Reithwill, L. A., <i>San Francisco</i>	64
Epstein, N. N., <i>San Francisco</i>	80	Lewis, N. H., <i>Los Angeles</i>	69	Risser, J. C., <i>San Marino</i>	18
— F —		Lisser, H., <i>San Francisco</i>	15	Rosanoff, A. J., <i>Sacramento</i>	
Fletcher, R., <i>San Francisco</i>	60	Loeb, R. F., <i>New York City</i>		Second General Session	
Flood, R. G., <i>San Francisco</i>	118	Second General Session		Rosanoff, A. J., <i>Sacramento</i>	105

Name and City	Paper No.	Name and City	Paper No.	Name and City	Paper No.
— S —					
Sachs, M. D., San Francisco.....	124	Sweet, C., Oakland.....	19	Watkins, W. W., Phoenix, Ariz.....	
Schenck, G. F., Los Angeles.....	133	Sweet, N. J., San Francisco.....	110	Second General Session	
Scholtz, J. R., Los Angeles.....	89	— T —			
Schulze, M., San Francisco.....	38	Templeton, H. J., Oakland.....	71	Way, S. C., San Francisco.....	90
Schwartz, W. F., Pasadena.....	81	Thienes, C. H., Los Angeles.....	65	Wayburn, E., San Francisco.....	4
Schwartz, W. F., Pasadena.....	88	Thomas, B. S., Sacramento.....		Weaver, D. D., Oakland.....	98
Scoyoc, G. V., Los Angeles.....	96	Fourth General Session		Weeks, A., San Francisco.....	24
Searls, H. H., San Francisco.....		Thompson, W. B., Hollywood.....	40	Whalman, H. F., Los Angeles.....	46
.....Third General Session		Tillotson, R. S., Sacramento.....	51	Wilbur, R. L., Palo Alto.....	
Shepherd, C. E., San Francisco.....	14	Townsend, K., Los Angeles.....	104	First General Session	
Sjaardema, H., Los Angeles.....	107	— V —			
Smiley, K. E., Los Angeles.....	28	Viole, P., Los Angeles.....	48	First General Session	
Stafford, H. E., Oakland.....	116	— W —			
Stewart, B., Compton.....	6	Walters, W., Rochester, Minn.....	25	Wolff, E., San Francisco.....	119
Sugarman, E. I., San Francisco.....	56	Walters, W., Rochester, Minn.....		Wolff, M. J., Los Angeles.....	86
		Third General Session		— Z —	
				Zeff, M., San Francisco.....	
				Third General Session	



IX

ENTERTAINMENT

Consult bulletin boards in main lobby of Hotel Del Monte for information on places and hours of entertainment features. Full details will also be shown in your annual session program, which will be mailed to all members in advance of the convention.*

Principal events scheduled for the meeting will be the annual President's dinner and the annual Golf Tournament:

President's Dinner—Hotel Del Monte, Tuesday, May 6, at 7:30 p. m. Reservations must be made in advance; captain of dining room will handle single-ticket reservations, as well as table reservations for parties of eight or more

persons. No charge for tickets for guests of Hotel Del Monte or Del Monte Lodge; charge for others, \$2.50 a plate.

Golf Tournament—To be played on Del Monte Golf Club course, morning and afternoon of Tuesday, May 6. Peter Hay at the Club will set your handicap; bring earlier season score cards if you have not played in this tournament before. Beautiful prizes for winners. See A. G. Spalding's shop window on Hotel sun parlor for display of prizes.

Dancing—When the House of Delegates is in session, temporary dancing facilities will be available in the Copper Cup Room, adjacent to the Bali Room.



X

TRANSPORTATION INFORMATION

The ticket agents of principal rail lines in California, on presentation and surrender of identification certificates will sell reduced rate round-trip tickets to Del Monte, California. The certificates entitling you to reduced fares show on the reverse side the convention fares that will apply to Del Monte from principal rail points in California. Identification certificates may be obtained from your county society secretary or from the office of the California Medical Association.

Tickets at these convention fares are of three classes, as follows:

First Class: Tickets at first-class fares will be on basis of first-class one-way adult fare for the round trip, and will be honored in coaches and chair cars, also in sleeping and parlor cars on payment of charge for space occupied.

Intermediate Class: Tickets at intermediate (tourist)

class fares will be on the basis of 85 per cent of the first-class one-way adult fare for the round trip and will be honored in coaches and chair cars, also in tourist sleeping cars, where operated, on payment of charge for space occupied.

Coach Class: Tickets at coach-class fares will be on basis of 75 per cent of the first-class one-way adult fare for the round trip and will be honored only in coaches and chair cars.

Tickets will be on sale from April 27 to May 8, inclusive, and return limit will be May 18, 1941. Stopovers are allowed. If longer return limit is desired, consult railroad ticket agent. Schedules of train, bus and air services will be given in the programs that will be mailed to all members of the California Medical Association in advance of the annual session.



XI

ROSTER OF TECHNICAL EXHIBITORS

California Medical Association, Hotel Del Monte, May 5-8, 1941

For list of exhibitors and description of their displays, consult the Convention program.

Members of the Association are requested to visit the exhibits.



XII

HOTELS: DEL MONTE AND VICINITY

The official headquarters of the next annual session will be the Hotel Del Monte. Because of the prospective attendance, the facilities of other hotels must also be used.

All requests for reservations must be sent to the hotels direct. In writing, it is well to state the number in the party, date of arrival, date of departure, nature of accommodations desired (single room, double room, double bed,

twin beds, bath).

A partial list of hotels on the Monterey peninsula (with rates) was given in CALIFORNIA AND WESTERN MEDICINE, issue of January, 1941, on page 30. The hotel information will also appear in the official programs, a copy of which will be sent by mail to every member of the California Medical Association.



XIII

DEL MONTE AND THE MONTEREY PENINSULA

Informative literature concerning historical background and other features of Monterey and vicinity may be ob-

tained by writing to Hotel Del Monte, Del Monte, or Monterey Chamber of Commerce, Monterey.



MRS. A. E. ANDERSON
President, Woman's Auxiliary to the
California Medical Association
1941



MRS. R. K. CUTTER
Recording Secretary, Woman's Auxiliary
to the California Medical Association
1941

XIV WOMAN'S AUXILIARY Twelfth Annual Session

WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION Headquarters at Hotel Del Monte, Del Monte

Mrs. A. E. Anderson, *President*

Mrs. John C. Sharp, *Convention Chairman*

Sunday, May 4

Arrival of delegates, members and guests, greeted by Convention Hostesses.
3:00-7:00 p. m.—Registration, Main Lobby. (Registration and information desk for members of Woman's Auxiliary is located opposite the hotel registration desk.)

Monday, May 5

8:00 a. m.—Pre-Convention Board meeting in Tower Room.
9:00 a. m.-12:00 noon }
2:00 p. m.- 6:00 p. m. } Registration.
10:00 a. m.—Golf tournament. Starting times available throughout the day.
8:30 p. m.—Vaudeville and "Olio" in honor of Mrs. Harry Wilson, wife of the President of the California Medical Association.

Tuesday, May 6

9:00 a. m.-12:00 noon }
2:00 p. m.- 6:00 p. m. } Registration.
9:30 a. m.—First general session of the twelfth annual convention at the Peninsula Country Club, Mrs. A. E. Anderson presiding.
1:00 p. m.—Luncheon in honor of Mrs. A. E. Anderson at Pebble Beach Lodge, with Mrs. Frederick N. Scatena presiding. Speaker, Dr. Philip Gilman. Members of the State Advisory Board will be guests of honor.
3:00 p. m.—Tour of Fort Ord for those wishing to take their own cars.

Wednesday, May 7

9:00-11:00 a. m.—Registration.
9:30 a. m.—Second general session of the twelfth annual convention at the Peninsula Country Club, Mrs. A. E. Anderson presiding.
1:00 p. m.—Luncheon in honor of Mrs. Harry O. Hund at Peninsula Country Club, with Mrs. Clifford Wright presiding. Speaker, Dr. Chauncey Leake.
3:00 p. m.—Post-Convention Board meeting.

President's Report

To the Members of the Woman's Auxiliary:

Attendance at the National Convention of the Woman's Auxiliary to the American Medical Association was a privilege and a great help in preparing for the year's work in the State Auxiliary.

With the thoughts of doctors turning to the need for medical preparedness, stressing of the same by the illustrious speakers at the Auxiliary luncheons, it seemed appropriate to take "Preparedness" as the theme for the Auxiliary year in California, emphasizing the education of our members before they attempt to inform others.

There are forty county medical societies in the state, twenty-nine of which have auxiliaries. Although the California Medical Association, in 1937, voted to have an Auxiliary to every county medical society, there are still eleven counties which have no Auxiliary. This is due, in some instances, to the opposition of the doctors themselves, in other instances to indifference of the doctors' wives.

While the untiring efforts of the Organization Chairman, Mrs. Lindemulder, have as yet borne no fruits, there is

For other information concerning Woman's Auxiliary, see page 237.

still time before the Convention for the several expected counties to join our Auxiliary. As one attains all but the last few outposts, it is necessary to put forth long-continued effort to break down the inertia and indifference. Such efforts this year may not show results until another year, but we do know that the many letters written and contacts made will bear fruit in time.

Through the Program and Health Education Chairman, Mrs. Huffman, and the Public Relations Chairman, Mrs. Alexander, excellent outlines for study have been prepared for the counties. Much interest has been shown in these programs, which point the way to increased service possibilities. There has been active participation in programs of groups interested in health projects, child welfare and training, and community service.

The Hygeia Chairman, Mrs. Packard, has increased the subscriptions to *Hygeia* beyond the high mark of last year. Kern County received a cash prize and Riverside County honorable mention in the national *Hygeia* contest.

The *Courier*, the Auxiliary's magazine, comes out twice a year, under the able direction of Mrs. Boeck and her committee. It is of great interest not only to our own members, but has received much attention throughout the United States. Copies displayed at the National Convention were in great demand, and during the year requests for copies have been received from many states.

Mrs. Newcomb, historian for the past two years, is completing a revised history of our organization. Much thought and effort have gone into this work. California was complimented at the National Convention for having the most outstanding history presented.

An outline of the President's plans for the year was mailed to every officer and all county presidents early in September. In addition to stressing the need for self-education, there has been an earnest endeavor to increase our usefulness by promoting greater friendliness among the members in each county and district. An endeavor has been made to have each feel it is her Auxiliary and her responsibility for the Auxiliary's success and advancement.

The annual physical examination of all Auxiliary members has been advocated as an example to the laity.

The counties have coöperated to the fullest extent in the new plans outlined for this year. For the first time in this State, the Auxiliary is attempting to hold district meetings. One was held at Tahoe in August, and there are to be three more before Convention time. Since many women are unable to attend the Convention, these district meetings will give them an opportunity to discuss with members and officers of other counties problems common to all.

The Auxiliary is participating in the work of the Medical Benevolence Committee, as requested in the resolution (No. 33) passed at Coronado last May. Four counties have already contributed generously. Fresno County Auxiliary is to have an old-fashioned box supper in May, and the proceeds from the supper sales will be Fresno's contribution for this year. Through other plans being formulated, we hope to have a continuous fund of money for this worthy cause. We expect before long to equal and surpass the record of the Pennsylvania Woman's Auxiliary, which in the past eleven years has contributed more than \$40,000 to the Pennsylvania Medical Benevolence Fund.

Our members are rendering outstanding services in accordance with the needs of their respective communities.

Worthy medical students receive scholarships in several counties.

Assistance has been given to Dr. Philip Gilman, Chairman of Medical Preparedness.

Medical instruments and equipment have been collected and sent to China and England.

Assistance has been given at blood plasma centers.

Girls have been adequately chaperoned at dances at Army and Air bases.

Sponsorship of public-speaking contests in junior high schools, high schools, and junior colleges is helping to make youth health-conscious.

Purchase of a mimeograph machine has lessened office expense and increased possibilities for contacts with the county auxiliaries. We are mimeographing the several clever plays written by Mrs. Willard Newman of San Diego for doctors' wives, and enjoyed at past conventions. There is to be a small charge for copies of these plays, the proceeds being donated by Mrs. Newman to the Medical Benevolence Fund.

As Convention time draws near, Mrs. Sharp and her able assistants are working hard to make our sojourn at Del Monte a memorable and outstanding occasion. Let us coöperate by urging our friends and fellow members to attend, and so to gain help and inspiration from the reports and contacts.

Between September and February, all twenty-eight counties were visited. There was a most helpful conference with the national president-elect, Mrs. R. E. Mosiman, and a trip with Mrs. Lindemulder for organization purposes was made, for which a total mileage of 11,349 miles was covered.

At this time I wish to voice my gratitude to the National President and to the members of her board for their help and encouragement at all times. I wish, also, to thank the members of the Advisory Council for their valuable assistance during the year, and again Doctor Kress for his untiring attention to our many problems. To the members of the State Board of the Auxiliary my deepest gratitude and sincere thanks are extended for their willing service. To my most competent and very dependable corresponding secretary, Mrs. Scarboro, I desire to express my deepest appreciation for her whole-hearted coöperation and prompt compliance with the many necessary demands upon her time and strength.

Respectfully submitted,

Mrs. A. E. Anderson, *President*.



Monterey Golf Course

Part II

PRE-CONVENTION BULLETIN*

FOREWORD.—The official reports which follow will be presented at the coming session of the House of Delegates.

Delegates, therefore, are urged to familiarize themselves with their contents.

Members, likewise, are requested to become familiar with the recommendations in these reports, and to discuss them with other members and delegates.

* * *

I

REPORTS OF GENERAL OFFICERS**Report of the President**

To the House of Delegates:

The past year might very properly be described as one of financial retrenchment. From year to year, committees of both the House of Delegates and the Council have been appointed for the purpose of making a survey of the California Medical Association office arrangements in order that recommendations be made to improve the effectiveness of the organization or to bring about more economical management.

Sometimes the *status quo* was recommended to be continued; at other times suggestions for decrease in salaries or changes in personnel have been recommended, but on the whole very little has been done to decrease the ever-mounting budget.

The committee of 1939-1940 made a most comprehensive survey and brought in a voluminous report with many specific recommendations, and others more general in nature, designed to provide an effective working staff capable of fulfilling the duties required by the Association's activities and with economy as the keynote.

The subcommittee of the Council, of which your president was chairman, brought in a specific report on the survey report which was approved by the Council and submitted to the House of Delegates at the meeting held in Coronado in May of 1940. This report was approved by the House of Delegates at that meeting. At the reorganization meeting of the Council held on the last day of the Coronado meeting, the Council requested your president to bring in specific recommendations in conformity to the accepted report for the reorganization of the Association staff and their duties. This was done.

The chief activities of the California Medical Association are:

1. The advancement of science in the practice of medicine, of which the annual meeting is one of the important means; the postgraduate activities are an important factor; CALIFORNIA AND WESTERN MEDICINE disseminates the information gained by the preparation of papers and carries also news of organization activities; the work of the Cancer Commission is important.
2. The second major activity is that of public policy and legislation.
3. Public health education.
4. Organization and fiscal management, part of which are the legal technical problems and our Public Relations Department.
5. California Physicians' Service.

These five major divisions of our activities have been placed in the hands of our secretary-treasurer-editor, Dr.

George Kress, and an executive secretary and public relations director and publisher, Mr. John Hunton. They have a staff of four clerical assistants, in addition to which we have a field representative of the Public Policy and Legislative Committee.

The division of responsibility of our two secretaries has been so arranged as to take advantage of the capabilities and background of the two men involved with consideration for their special fitness to carry on to a proper conclusion the type of duty delegated to each.

Some of the older faces will be missing from the Association's office and some new ones will be found in their place. There has been a rearrangement of salaries and a scrutiny of the audit will show a surplus of \$12,885 for the year ending December 31, 1940, as compared to a deficit of \$3,470 for the year ending December 31, 1939, a net exchange of \$16,355 in the Association's favor. Under the reorganized office program there will be a saving of approximately \$9,200 on staff salaries for the year 1941, as compared with the 1939-40 year, in addition to which there is a potential saving of approximately \$3,000 on the cost of publication of CALIFORNIA AND WESTERN MEDICINE, based upon the following of the recommendations made by the Survey Committee.

This saving is predicated upon decrease in the number of pages, cutting down the margin of the pages, a little difference in binding, and other small economies. An offer by a competent experienced publisher to publish for us, subject to proper contractual safeguards, CALIFORNIA AND WESTERN MEDICINE free would bring about a further economy of nearly \$10,000 per year. Your president recommends that this contract be made.

A capitulation indicates that the \$16,355 plus \$9,200 and a possible \$10,000 saving on publishing cost would approximate slightly over \$35,000 decrease in the operating budget for the year 1941 and 1942, with a very much better staff than we have had for some few years.

In the bringing about of this picture there has been almost complete agreement upon the part of everyone involved as to the propriety and the soundness of judgment involved in each step. There has been an absolute absence of bias, animus, and narrow-mindedness. On the contrary, the members of the Association are to be congratulated upon the earnestness with which the members of the Council have sought to fulfill the recommendations for reorganization that were requested of them by the House of Delegates.

It is fitting that attention be called to the significance that California Physicians' Service is assuming and is about to assume in our social economic picture. As an operating unit it has not been large or important in the number of patient beneficiaries that have been cared for nor in the number of doctors who have rendered the service, but it should be apparent to all that it affords a mechanism whereby contractual relationships are being made and undoubtedly will be made in greater and greater numbers not only with privately operated industrial groups, but with the ever-increasing number of governmental service units.

Without California Physicians' Service each doctor would stand isolated and alone, voiceless, defenseless, with no weapon to meet the encroaching parental attitude that is threatening to wipe out private practice. Do not fail to understand the possibilities of California Physicians' Service and stand ready to assist in every way possible the fulfillment of its purposes.

The Committee on Public Policy and Legislation, even without the active guidance of Doctor Harris, is proving competent and effective in meeting their problems.

* Section 3, Article XII, of the California Medical Association Constitution states, in part: "The Association, prior to the annual session, shall print a 'Pre-Convention Bulletin,' which shall contain reports of officers and committees. . . . A copy of the 'Pre-Convention Bulletin' shall be given to each delegate and alternate on or before registration."

The Committee on Public Education has been composed of a group of sincere and hard-working men who have earnestly attempted to utilize the money appropriated for their use effectively and economically. They have been dealing with an intangible and, in conjunction with the Council, have merged their activity with that of the Association office, looking to our new executive secretary and public relations director, Mr. John Hunton, for much assistance, thereby putting this department upon a sound financial basis where its continued operation will be supported out of general funds and should not require special levy upon the members for its maintenance.

In conclusion, I would like to express my heartfelt appreciation for the cordial and forthright expressions of interest accorded me during this most interesting year by every member, and particularly to Dr. Charles Dukes, the retiring president, Dr. P. K. Gilman, chairman of the Council, Dr. George Kress, and each member of the Council individually.

Respectfully submitted,
Harry H. Wilson, *President*.

REPORT OF THE PRESIDENT-ELECT

To the President and the House of Delegates:

It has been my pleasure to attend all of the meetings of the Council, Executive Committee, and the Committee on Office Reorganization held during the past year.

At the reorganization meeting of the Council, a committee of three—President Harry Wilson, Chairman of the Council P. K. Gilman, and myself—were appointed to carry out the wishes of the House of Delegates and select an executive secretary and arrange a satisfactory division of office duties for the more efficient handling of the Association activities. This work required many meetings during the summer months. Several applicants for the position of executive secretary were interviewed, their qualifications, personalities were carefully and impartially studied, and at the fall meeting of the Council we were able to report to the Council our unanimous selection of the present executive secretary.

During the year, I have visited the following county societies: Mendocino-Lake, Marin, Napa, Sonoma, Solano, San Francisco, Riverside, San Bernardino, San Diego, Imperial, San Luis Obispo, Santa Barbara, Ventura, Kern, and expect to visit Placer County before the Convention.

Many problems face the Association at the present time, especially those of a political nature, as our ideals are being assailed and there seems to be an attempt by political forces to break down our code of ethics, what they stand for in relation to the public health. Their criticism deals with subjects such as our supervision and approval of hospitals, our approval of hospitals for intern training, and they seem to wish to place the science of medicine on a trade-union basis. It is only by consistently planned organization work that we may hope to preserve the standards of medical care in the future for the general welfare of the public health of our people.

Respectfully submitted,
Henry S. Rogers, *President-Elect*.

REPORT OF THE PAST PRESIDENT

To the Members of the House of Delegates and the Members at Large of the California Medical Association:

Your past president has attended the meetings of the Council and Executive Committee meetings during the past year and has cared for such committee assignments as have been referred to him. He has nothing further to report.

Respectfully submitted,
Charles A. Dukes, *Past President*.

REPORT OF THE SPEAKER OF THE HOUSE OF DELEGATES

To the President and the House of Delegates:

Your attention is called to the meetings of the House of Delegates at the forthcoming annual session at Del Monte. The House will convene promptly at 8 p. m. on the evening of May 5. Its second meeting will be at five o'clock on Wednesday, May 7. At approximately six o'clock the House will recess, and will reconvene at 8 p. m. of the same day.

It is true that prompt attendance at these meetings entails some sacrifice, but, as in the past, your Speaker again reminds you that this inconvenience is to be borne by delegates and alternates as the price of their office, and their promptness is urgently solicited.

The Speaker offers the following recommendations: Amend Section 3 of Article X of the Constitution by striking from it the words "for a term of one year" and substituting therefor "for a term of three years." This recommendation is made because experience has shown that the office of Speaker of this House is a rather highly technical one and that it is desirable from the standpoint of the House that the presiding officer should continue in office more than the theoretically possible single annual session. Three years is suggested as a term of office, since that is the term to which councilors are elected and since the Speaker is ex officio a member of the Council.

It is further recommended that Section 1 of Article V be amended by adding a provision which deprives the Council of voting power in the House. This recommendation is made because it seems manifestly improper that the Council should have power to vote on approval or disapproval of its own acts.

Respectfully submitted,
Lowell S. Goin, *Speaker*.

REPORT OF VICE-SPEAKER

To the President and the House of Delegates:

The office of vice-speaker imposes no burden, such as is borne by other executive officers of our Association. It rather gives opportunity for education and preparation for service, if such service is needed in time of stress. With that attitude of mind, I have followed the proceedings of our Council, and, by invitation, I have attended some meetings. I have been active in the development of California Physicians' Service. I have stood, and still stand, ready to perform such duties as you may see fit to delegate to me.

Respectfully submitted,
E. Vincent Askey, *Vice-Speaker*.

REPORT OF THE CHAIRMAN OF THE COUNCIL

To the President and the House of Delegates:

The Council submits in the "Pre-Convention Bulletin" a tentative report. At Del Monte an additional report will be made. The large amount of business coming before the Council must be evident to all who read the minutes of its meetings. Many of the matters that have been under consideration in the Council will be presented also to the House of Delegates.

In addition to his duties as chairman of the Council, the undersigned has been active in Medical Preparedness as chairman for the State of California of the Committee on Medical Preparedness of the American Medical Association.

Respectfully submitted,
Philip K. Gilman, *Chairman of the Council*.

REPORT OF THE COUNCIL

To the President and the House of Delegates:

Article VII of the Constitution of the California Medical Association, in Sections 1 to 6 inclusive, outlines the organization and functions of the Council as a board of directors of the California Medical Association. The Council is charged to carry out all resolutions and enactments of the House of Delegates, and between meetings of the House is vested with power to carry on the business and activities of the Association.

The report herewith submitted deals particularly with work carried on since the last annual session at Coronado in May, 1940.

In addition to four meetings held at the Coronado annual session, during the past year the Council has held three meetings (two in San Francisco and one in Los Angeles). Minutes of these meetings have been printed in *CALIFORNIA AND WESTERN MEDICINE*.

Those who have read the reports of the Council's actions will realize the many and important problems which the Council is called upon to decide.

Some of these items merit special comment, which is herewith given.

1. Reorganization.

Following the report of the Special Committee on Survey of Association Offices, the 1940 House of Delegates adopted a resolution calling for the employment of an executive secretary in the central office. A committee, consisting of the Association president, president-elect, and chairman of the Council, was named to carry out the reorganization program outlined in the Survey Committee's report.

This committee of three held several meetings and interviewed a large number of candidates for the position of executive secretary, who should take charge of the business affairs of the Association. The Committee selected Mr. John Hunton of San Francisco for this position, and this selection was later approved by the Executive Committee and the Council.

The committee of three then made a delineation of duties between the Secretary-Editor and the Executive Secretary, this division being made as follows:

The Association secretary-editor:

Assigned responsibility over: duties as editor of *CALIFORNIA AND WESTERN MEDICINE*; secretaryship of the House of Delegates, the Council, and the Executive Committee, and treasurership of the Association; postgraduate activities; scientific program and exhibits at annual session; state and county fair exhibits; historical data; visitation of county societies; secretarial conference, and other duties to be delegated by the Council or Executive Committee.

The Association executive secretary:

Assigned powers and duties enumerated in Chapter VI, Section 3, of California Medical Association By-Laws, with the exception of approval of *JOURNAL* advertising, these duties consisting of the general managerial functions of the central office; publisher of the *OFFICIAL JOURNAL*; charge of commercial exhibits at annual session; collaboration with Committee on Public Health Education; secretaryship of the Committee on Public Policy and Legislation, and other duties to be delegated by the Council or Executive Committee.

This outline of duties for the two central office executives was approved by the Executive Committee on October 21, 1940, and later approved by the Council at a meeting on February 23, 1941.

The work of the central office has progressed satisfactorily and amicably under these arrangements.

In the course of the changes made in the central office personnel in the past year, two employees of the office have been dropped from the pay roll and have been granted

pensions of \$40 a month each by the Council, in consideration of their long terms of service. The Council hereby requests the House of Delegates to determine as a matter of policy the amount and duration of these pensions.

2. California Physicians' Service.

California Physicians' Service last month lost its active administrative head when Alson R. Kilgore resigned as secretary after having served in this position since the formation of the organization. The Council of the California Medical Association would be remiss in its duty if it did not offer its thanks and heartfelt appreciation to Doctor Kilgore for the long, strenuous and effective work he has put into California Physicians' Service. The Council wishes at this time to give full recognition to Doctor Kilgore for this arduous labor.

Dr. Albert E. Larsen, who was chosen medical director of California Physicians' Service during the past year, has been elected secretary to succeed Doctor Kilgore.

California Physicians' Service has grown since its inception to a point where it now has 23,000 beneficiary members. Late in 1940 California Physicians' Service attained a position where the 25 per cent allowance of beneficiary members' fees was more than sufficient to meet operating expenses. It is gratifying to report that California Physician Services has started repaying its loans from the Association.

The service is now considering the admission of members under a surgical service agreement only, a proposal which should expand the beneficiary membership greatly. The increase in beneficiary membership already attained, plus the prospective growth in membership, is indicative of an increase in California Physicians' Service revenue sufficient to permit the service to fulfill its originally planned destiny of rendering medical care to low-income groups. This growth already has brought to the medical profession a sizeable amount of revenue from patients who formerly received medical service gratis.

The most recent advance made by California Physicians' Service was the signing of an agreement to render medical care for about 25,000 persons affiliated with the Farm Security Administration.

3. Legislation.

The California Legislature, now in session, has before it a total of more than 4,000 bills, of which almost 400 proposed measures relate directly or indirectly to medical care. These measures are being closely watched by the Council and the Committee on Public Policy and Legislation and every effort will be made to secure the passage of beneficial bills and the defeat of those considered inimical to the interests of the medical profession. A few of the bills now before the Legislature are worthy of comment here. Among these are:

Compulsory Health Insurance (A. B. 1740; A. B. 2471; S. B. 645; S. B. 1024).—Proposed under four bills now in the Senate and Assembly; urged by Governor Olson in his opening message to the Legislature.

Humane Pound Bill (S. B. 488).—Written and introduced by the order of the 1940 House of Delegates. (This bill was tabled in Senate committee.)

Exemption from Motor-Vehicle Speed Laws (A. B. 690).—Written and introduced by direction of the 1940 House of Delegates.

California Physicians' Service (A. B. 562; A. B. 563; A. B. 2148).—Three bills introduced to permit the writing of federal contracts, to clarify the legal status of California Physicians' Service and to amend insurance provisions relating to nonprofit hospital service plans to include nonprofit medical service plans. One of these bills has already passed the Assembly and favorable action on all three by the Legislature and the Governor is hoped for.

County Hospitals (A. B. 1037).—A bill to permit and regulate the admission of part-pay and full-pay patients

to rural county hospitals has been introduced by the Supervisors of Sonoma County and is now being discussed by a special committee of the Association.

Medical Aid for Relief Recipients (A. B. 1625).—A bill to provide medical care for State Relief Administration recipients is now before the Assembly and has been favorably discussed by the California Medical Association Council.

The Council urges the reaffirmation by the House of Delegates of a resolution already adopted to the effect that component county societies of the Association should not endorse legislative bills in California except after such proposed endorsements have been referred through the central office of the Association to the Committee on Public Policy and Legislation. Such requests can be given immediate attention.

The Council has discussed and taken definite action on a resolution adopted on October 16, 1940, by the Industrial Accident Commission of the State of California. This resolution would have had the effect of making available to searchers the medical and hospital records of anyone injured in an industrial accident. Due to the activities of the Association, no attempt has been made to enforce this resolution, although it remains on the books of the Industrial Accident Commission. The terms of this resolution have also been incorporated in a bill now before the Legislature (S. B. 1258).

The Council suggests that the House of Delegates take appropriate action to place the Association on record as favoring a rescinding of this resolution, to the end that the Association may request the Industrial Accident Commission to remove from the medical profession the threat of disclosure of confidential records.

4. Basic Science Initiative.

The Basic Science Initiative, which has received long years of study by the Association, has been completed and submitted to the Attorney-General of California for titling. A program for securing the necessary signatures for this measure has already been developed and is ready to be undertaken by the Committee on Public Health Education as soon as the petition forms are available. The Council wishes at this time to thank the members of the Committee on Public Relations for their untiring efforts in bringing the Basic Science Initiative to completion.

5. Indemnity Defense Fund.

During the past year the legal details of transferring the Indemnity Defense Fund to the trusteeship and custodianship of the Trustees Of The California Medical Association were completed. Early in 1941 the Trustees Of The California Medical Association utilized \$37,000 of cash in the Indemnity Defense Fund account, together with funds on hand, to retire a \$50,000 bank loan which they had been carrying. United States Government bonds of \$37,000 par value have been substituted for the cash of the Indemnity Defense Fund. This action has resulted in the saving of \$1,500 annual interest formerly paid on the loan. Interests of the remaining members of the Indemnity Defense Fund have been safeguarded by a Lloyd's insurance policy and by the impounding of ample cash funds.

6. Medical Preparedness.

The Council, through its chairman, who also serves as chairman of the California Committee on Medical Preparedness, and through the central office, has attended to a large amount of detail work in the National Medical Preparedness campaign. The Association has supplied lists of qualified physicians to make physical examinations under the Selective Service Act, and a vast amount of free medical service has been given in this way. The question of whether this free service should be continued over the five-year period contemplated under the Selective Service

Act is open for argument, and the comments of Association members are invited on this subject.

During the year, three separate mailings of American Medical Association medical preparedness blanks have been made to California physicians by our Association's central office. These mailings have resulted in more than a 90 per cent response from the 12,000 physicians in California.

The Association's central office has also given considerable time, in coöperation with the chairman of the Committee on Medical Preparedness, to the securing of physicians for the United States Army. At this writing, this matter is practically at a standstill because of the legal and technical requirements of the Army in issuing commissions in the Medical Corps Reserve. The Council feels that the coöperation of the Association has been gladly and thoroughly given, and that the Army itself is sadly lacking in the flexibility needed for carrying out a personnel procurement program to which the Association was glad to contribute to the fullest extent.

We feel that members of the Association already called or to be called into military service should not be asked to pay their Association dues during their tours of duty. The House of Delegates is, therefore, requested to consider and to sanction the action of the Council at its February 23, 1941, meeting in authorizing the advance of Association funds to county societies for the payment of Association dues of members called into service.

Medical education in California should be protected by the Association through the adoption of steps to consider medical students as "essential" in the national preparedness campaign. The Government is asking an increase in the number of medical graduates, but to date has not acted to protect medical students in their trainee status. Key faculty members of medical schools must also be recognized in the Government's program and protected in their teaching positions.

A new item of Government encroachment on the field of medicine is now becoming apparent in the efforts of the National Youth Administration to secure a large number of physical examinations on an extremely low fee basis. The Association should be on guard to prevent such a low fee table from being extended to the proposed complete medical care program of the National Youth Administration.

7. Secretarial Conference.

The Fifth Annual Secretarial Conference was held in San Francisco on February 22, 1941. The meeting was well attended and was instructive to all county society secretaries, as well as to councilors and committee members, on the numerous current activities of the Association.

8. Annual Session.

Arrangements for the annual session are practically complete at this time and a successful meeting is anticipated. The revenue from commercial exhibits has, this year, reached a new peak of \$7,590. The Council wishes to pay tribute to the support given by technical exhibitors to our meeting.

9. Postgraduate Work.

Postgraduate assemblies have been conducted in an increasing number of counties in the past year. These have covered the requirements of military medicine as well as the scientific subjects so necessary to the continuing education of all practitioners. The Council sincerely urges all county societies to support these assemblies for the benefit of the entire membership of the Association.

10. Exhibits and Fairs.

The Council wishes to call the attention of the Association membership to the value of carrying the story of organized and scientific medicine to the public through the medium of exhibits at state and county fairs and similar

gatherings. The central office hopes to be well equipped to handle this and will appreciate suggestions from county societies as to possible locations, dates, etc.

11. Medical Defense.

The Council wishes again to stress the importance of Grievance Committees in the county societies to handle threatened malpractice suits. Experience has proved that many potential lawsuits can be eliminated through the intervention of a constituted Grievance Committee. Every such suit which is kept out of court tends to prevent further increases in the rising cost of malpractice insurance.

12. Woman's Auxiliary.

The Council wishes to pay tribute to the splendid work performed in the past year by the Woman's Auxiliary to the California Medical Association. This work has included a large number of telephone calls and communications to follow up the mailing of Medical Preparedness blanks, as well as the raising of money for the fund for needy members. The Council is confident, in view of the Auxiliary's past performance, that the large volume of work to be required in obtaining signatures for the Basic Science Initiative will be in competent hands when given to the Woman's Auxiliary.

13. Membership.

The membership of the Association reached a new record high on December 31, 1940, at which time there were 6,552 active members, ninety-seven retired, four associate, and one honorary member. Since the first of this year, 119 new members have been added to our membership roster. Our present membership makes the California Medical Association the fourth largest state unit in the American Medical Association and has entitled us to one additional delegate to the American Medical Association House of Delegates.

14. Special Assessment.

Association records show that 1,082 members as of June 1, 1939, remain charged on the books with the \$10 special assessment levied by the 1939 House of Delegates. The Committee on Public Health Education, which has been charged with the handling of special assessment monies, continues capably to carry on the work contemplated in the adoption of the special assessment. The Committee at this time remains in existence at the pleasure of the House of Delegates.

15. Councilors.

Reports of the elected councilors are published elsewhere in this section. They furnish proof that the component county societies of the Association have received official visits throughout the year by members of the Council.

Respectfully submitted,

P. K. Gilman, *Chairman.*

REPORT OF THE PRESIDENT OF THE TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION

To the President and the House of Delegates:

The Trustees Of The California Medical Association have held five meetings in the past year, including the annual meeting of members and four meetings of the board of directors. The financial report of the Trustees Of The California Medical Association is printed elsewhere in this issue as a self-explanatory statement.

Since December 31, 1940, the date of the financial report, the board of directors of the Trustees Of The California Medical Association has authorized the retirement of the \$50,000 bank loan shown on the financial statement. This loan was retired with cash secured to the extent of \$37,000 from funds of the Indemnity Defense Fund, for which

this corporation is acting as trustee and custodian. The balance of the bank loan was paid from current cash and from a temporary advance from the California Medical Association.

Respectfully submitted,

P. K. Gilman, *President.*

REPORT OF THE SECRETARY-TREASURER

To the President and the House of Delegates:

In conformity with custom, your Secretary-Treasurer begs leave to submit his report under two subheadings: (1) Report of the Secretary, and (2) Report of the Treasurer:

I. Report of the Secretary

During the months of January to September, 1940, inclusive, the secretarial functions of the Association were carried on under the supervision of the Association Secretary, along lines laid down as long ago as 1901, that being the time when our state society adopted its new set-up as one of the state units of the American Medical Association. In compliance with the instructions from the House of Delegates, a new office, that of executive secretary, was created by the Council in 1940, the many secretarial activities formerly assigned to one employee being re-allocated on October 1, 1940, and divided between the Association Secretary and the Executive Secretary. The report of Executive Secretary Hunton appears in this "Pre-Convention Bulletin," on page 191.

Clerical Staff.—As stated in other reports in this issue, the Council authorized a rearrangement of the clerical staff, with the desire to promote efficiency and economy.

Business Manager of the Official Journal.—A function taken over by the Executive Secretary in October, 1940, was that of business manager of CALIFORNIA AND WESTERN MEDICINE. Reports of previous years called attention to the fact that the OFFICIAL JOURNAL accepted advertisements of pharmaceutical and similar products only when prior approval had been secured from the American Medical Association Council on Pharmacy and Chemistry. In spite of that limitation, however, CALIFORNIA AND WESTERN MEDICINE has had an advertising income greater than that of several publications representing State Associations having a larger membership than the California Medical Association. The higher printing costs in California have been recurrently discussed by the Council, but for special reasons that body was reluctant to take action to change arrangements then existing. The matter has been reopened, and Executive Secretary Hunton is now studying ways and means whereby additional savings may be realized.

Council and Executive Committee.—As provided in the by-laws, the Association Secretary acts as the secretary of the Council and of the Executive Committee, and carries out their special instructions.

Visits to County Societies.—Since October 1, 1940, it has been possible for your secretary, in company with general officers and councilors, to visit more of the component county societies than in previous years. At such meetings, the functions of organized medicine were discussed, with special emphasis on the status of activities of the California Medical Association. Officers of the Association who have participated in such meetings agree that they promote the interest, both of organized and scientific medicine.

Postgraduate Duties.—As secretary of the Committee on Postgraduate Activities, the Association Secretary has found it possible to be of aid to the committees of component societies in the preparation of postgraduate programs, the securing of guest speakers, the giving of publicity to times and places of conferences. Some state medical associations in the past have availed themselves of

full-time representation for this one line of work. It is encouraging to note the increased interest in these conferences, and request is made that local committees feel free to call upon the Association Secretary for advice. With wider coöperation, it should be possible to operate the post-graduate activities in a manner to greatly promote the work of scientific medicine in California.

Annual Session.—The Association Secretary is also the chairman of the Committee on Scientific Work, and in that capacity, in conjunction with the officers of the scientific sections, is charged with the responsibility of securing and coördinating the programs of the large general sessions held on each of the four mornings, as well as aiding in the arrangements for the meetings of the twelve scientific sections. The provisions for film presentations, scientific exhibits, allocation of meeting rooms, also devolve upon him. It is needless to add that meticulous care and planning are necessary in order to have the arrangements promote an easy-moving, profitable and pleasurable annual session. It is gratifying to be able to state that guest speakers of former years have been impressed with the manner in which the California Medical Association carries through its annual session programs, and that they have been generous in their compliments.

State and County Fairs.—The State Fair at Sacramento and the Los Angeles County Fair at Pomona, each draw an attendance of more than 500,000 citizens. Other county fairs throughout the state are, likewise, visited by thousands of citizens. Those who attend the fairs are in a receptive mood to absorb new ideas. Here are unusual facilities for carrying through programs designed to educate the public concerning achievements in public health and scientific medicine. The Council assigned to the Association Secretary the development of this field of education, from which, if a budget for transportation and maintenance of exhibits is allowed, it should be possible to secure results which will redound greatly to the benefit of all concerned.

Historical Studies.—Another field of work as yet quite barren is that concerned with the gathering of material which will shed light on the past of the California Medical Association, which came into existence as long ago as the year 1856. The responsibility of this proposed work has also been delegated to the Association Secretary, who would work under the supervision of the Committee on History in collecting and compiling such data. Here, also, a limited appropriation may be necessary if real progress is to be made.

Miscellaneous Duties.—In addition to the items enumerated above, there are many other duties incident to special correspondence and conferences with physicians and others, all of which require time and effort in order to bring them to proper completion. In the performance of these various tasks, the Association Secretary has had the cordial coöperation of all upon whom he has called for aid, and at this time he desires to express his appreciation for the aid so generously given.

II. Report of the Treasurer

The essential information of the report of the Treasurer is contained in the statements of the certified public accountants, Ernst and Ernst. The provisions laid down in the by-laws governing funds and expenditures drawn thereon, have been complied with. The income last year was considerably greater than was anticipated at the time the budget was adopted. Throughout the year, efforts were made to stay within the budget allowances that had been allocated for special functions. It is gratifying to know that considerable savings were made on budgeted items, and that the large drafts on reserve funds, through unforeseen expenditures for special activities, as the California Medical Economic Survey, legislative matters (examples: antivivisection and medical service problems),

have, likewise, ceased. Also that California Physicians' Service has reached the point where it is now in the black on its routine maintenance activities, and that it has made an initial repayment on the sums loaned to it by the California Medical Association.

In the reports of President Wilson, the Council, and of the Executive Secretary, additional comment is made concerning income, expenses, and savings.

The report of the certified public accountants, Ernst and Ernst, is appended hereto.

Respectfully submitted,

George H. Kress, *Secretary-Treasurer.*

Report of Examination*

I. California Medical Association and of

II. Trustees Of The California Medical Association (A Corporation)

San Francisco, California

December 31, 1940

ERNST & ERNST
ACCOUNTANTS AND AUDITORS
SYSTEM SERVICE
SAN FRANCISCO

February 19, 1941.

California Medical Association
San Francisco, California

We have examined the balance sheets of California Medical Association and Trustees Of The California Medical Association (A Corporation) as of December 31, 1940, and the statements of income and expenditures, surplus and deficit for the year then ended, have reviewed the accounting procedures of the Association and Corporation and, without making a detailed audit of the transactions, have examined or tested their accounting records and other supporting evidence, by methods and to the extent we deemed appropriate.

California Medical Association is a nonprofit organization formed for the purpose of promoting the science and art of medicine, protection of public health, and the betterment of the medical profession and is the state unit of the American Medical Association. Trustees Of The California Medical Association is a nonprofit coöperative corporation, having no capital stock, incorporated under the laws of the State of California during May, 1930, in order to aid the Association in carrying out its purposes.

Indemnity Defense Fund of the California Medical Association, by action of its Trustees, and the Council of the California Medical Association, and Trustees Of The California Medical Association, came under the custodianship of the latter organization during the year. The total assets of the Fund at the time of transfer of custodianship was \$47,199.37. These funds now appear in the balance sheet of the Corporation as a trust fund, pending distribution of the Fund, at which time the Corporation will acquire as beneficiary, by reason of assignments held, approximately 93 per cent of the Fund. The Trustees of California Medical Association have secured a five-year policy insuring all liability of this fund.

Included in this report is a separate statement setting forth the assets remaining at December 31, 1940, in the special assessment fund created under the direction of the House of Delegates by an assessment on all active members of the Association as of June 1, 1939. In accordance with the resolution of the House of Delegates, the funds received under this special assessment were to be carried in a special fund and used only for the additional purposes contemplated and any moneys remaining in this fund after

* Report from Ernst & Ernst, Certified Public Accountants.

discharge of the Committee on Public Health Education by the House of Delegates are to be returned pro rata to the then members of the Association who paid the special assessment.

A summary of the assets and liabilities of the Association and the Corporation at December 31, 1940, but not including the Special Assessment Fund, is presented below.*

The statement reflects that the combined net assets of the Association and the Corporation total \$44,099.54, after providing a reserve of \$42,000 against the loans to California Physicians' Service.

The following comments relate to the assets and liabilities set forth in the accompanying balance sheets of the Association, Corporation, and Special Assessment Fund and to the scope of our examination:

The office working fund of \$50 was counted by us. Cash on deposit was verified by corresponding with the various banks and reconciliation of the amounts so reported with those shown in the balance sheets included in this report. Recorded cash receipts during the year were traced into bank statements or pass books on file in the Association office, and recorded cash disbursements were supported by examination of canceled checks or pass book entries for the same period. We further verified cash disbursements by examination of the lists of expenditures approved by the Auditing Committee of the Association and also, with minor exceptions, by inspection of invoices and other data. The footings of the cash records were thoroughly tested by us.

Marketable securities, owned by the Corporation, are shown in detail in an exhibit included as a part of this report. We have received confirmation of the securities having a par value of \$50,000, which are held by the bank as collateral on a loan of like amount, and have inspected the remaining certificates having a par value of \$29,000. The interest accrued on these certificates at December 31, 1940, represented by unclipped coupons or by interest accruing in the interim period since the date of the last detached coupon, has been included in this report.

Accounts receivable due from advertisers in CALIFORNIA AND WESTERN MEDICINE, the official journal of the Association, were determined by trial balance of the individual accounts, but we did not correspond with the respective debtors in further verification of the accounts. By reference to subsequent payments, inspection of advertising contracts, test-checks of the income received to the advertisement printed, and by information obtained, we have satisfied ourselves that the accounts are authentic.

* Editor's Note.—See Ernst & Ernst summary, having caption, "Table 1.—Assets—Liabilities, Reserves, and Surplus."

We have made an age analysis of the balances owing to the Association at December 31, 1940, as shown in the following summary:

DATE OF ACCOUNT	AMOUNT
December, 1940	\$1,190.88
October and November, 1940	173.00
July, August and September, 1940	118.00
January to June, 1940	85.00
December, 1939, and prior	359.00
TOTAL	\$1,925.88

Based upon our examination of the accounts and information obtained, we are of the opinion that the reserve for doubtful accounts in the amount of \$500 is sufficient to cover possible loss on these accounts.

Sundry accounts receivable, consisting of the following amounts due to the Association, were all of current date and are considered fully collectible:

Amounts due for reprints	\$ 80.00
Due from California Medical Society	50.00
TOTAL	\$130.00

Classified under the caption of Other Assets are the balances due to the Association as of December 31, 1940, for cash loans and advances made and also a deposit of \$75. The loans to California Physicians' Service are represented by notes, as set forth in footnote to balance sheet, which were inspected by us. Advances made for the Morris Herzstein Trust Fund are to be repaid from the future income of this trust fund and represent amounts disbursed in connection with an exhibit at the Golden Gate International Exposition.

The Association has established a separate savings account for the balance of the funds received under the bequest of Morris Herzstein. An offsetting account showing the Association's accountability for the funds received under the bequest of Morris Herzstein is shown on the liability side of the balance sheet. The advances made for the Herzstein trust fund, as shown under Other Assets in the balance sheet, are to be reimbursed from the savings account at some future date.

During the year, Trustees Of The California Medical Association became the new trustees and assumed the custodianship of the funds formerly held by the Indemnity Defense Fund. These funds are shown in the balance sheet of the Corporation at December 31, 1940, and an offsetting account has also been established to show the accountability of the Corporation for these funds. During January, 1941, the Corporation reduced the amount of its bank loans with approximately \$37,500 of these funds and substituted United States Government bonds owned by

TABLE 1.—Assets—Liabilities, Reserves, and Surplus. (Ernst & Ernst)

ASSETS	ASSOCIATION	CORPORATION	ELIMINATIONS	COMBINED
Cash	\$ 10,056.34	\$ 3,593.98		\$ 13,650.32
Marketable securities		80,622.14		80,622.14
Accounts receivable	1,555.88			1,555.88
Other assets	43,116.58			43,116.58
Due from California Medical Association		58,428.07	\$58,428.07	
Endowment fund		243.21		243.21
Trust funds	806.27	47,558.34		48,364.61
Furniture, equipment, etc.	1.00			1.00
Deferred charges	850.59			850.59
	<u>\$ 56,386.66</u>	<u>\$190,445.74</u>	<u>\$58,428.07</u>	<u>\$188,404.33</u>
LIABILITIES, RESERVES AND SURPLUS				
Notes payable to bank		\$ 50,000.00		\$ 50,000.00
Due to Trustees of the California Medical Association	\$ 58,428.07		\$58,428.07	
Other accounts payable	388.32			388.32
Members' contributions to endowment fund		243.21		243.21
Deferred income	2,098.65			2,098.65
Trust funds	1,016.27	47,558.34		48,574.61
Reserves	43,000.00			43,000.00
	<u>\$104,931.31</u>	<u>\$ 97,801.55</u>	<u>\$58,428.07</u>	<u>\$144,304.79</u>
Surplus—Deficit	<u>48,544.65</u>	<u>92,644.19</u>		<u>44,099.54</u>
	<u>\$ 56,386.66</u>	<u>\$190,445.74</u>	<u>\$58,428.07</u>	<u>\$188,404.33</u>

the Corporation in a like amount for the money taken from the Fund.

Furniture, fixtures, etc., are stated on the books of the Association at the value of \$1, in accordance with the policy adopted as of June 1, 1935, of charging all acquisitions of this nature to expense at the time of purchase. The amount charged to expense during the year for equipment purchased amounted to \$119.99 and represented the cost of a filing cabinet acquired.

Deferred charges represent those amounts which, in our opinion, are properly chargeable to future years. During 1940, the Association purchased some equipment to be used at annual meetings and, by resolution of the Council, it is to be charged off to annual session expense over the next five years.

Notes and accounts payable on the respective balance sheets provide for all ascertained indebtedness at the date of our examination. Note payable, as shown on the balance sheet of the Corporation, represents the following note owing to the Crocker First National Bank of San Francisco.

DATE	MATURITY	INTEREST RATE Per Cent	AMOUNT
October 25, 1940	January 23, 1941	3	\$50,000.00

As previously stated, this note is secured by marketable securities of the par value of \$50,000 plus coupons attached. The Corporation in turn has loaned \$58,303.07 to the Association, of which \$8,303.07 represents non-interest bearing notes.

Deferred income consists of those amounts which were received during 1940 but which will be taken up as income in the calendar year 1941, the year in which they properly belong.

Members' contributions to endowment fund, plus accrued interest, are shown on the balance sheet of the Corporation in the amount of \$243.21. The purpose of the endowment fund is to provide income for the general purposes of the Association.

Contributions were received during the year in the amount of \$210 to establish a fund for needy members. This fund has not yet been segregated from the general funds of the Association.

Reserves for possible losses have been provided on the balance sheet of the Association in the amount of \$43,000. Reserve for contingencies in the amount of \$1,000 has been provided to cover any possible liability for unemployment reserve taxes prior to 1938. Unemployment insurance taxes for these years have been paid to the Federal Government under protest and claims for refund filed by the Association, on the grounds that although the taxes were paid, the Association should have been exempt from this tax, have been disallowed. The Council of the Association has authorized the legal counsel to proceed with suits to recover the amounts of their taxes paid.

Reserve for possible loss on loans to California Physicians' Service in the amount of \$42,000, as commented upon in the footnote to the Association's balance sheet, has been provided in the interest of conservative accounting and until such time as more definite information can be obtained as to the financial prospects of that organization.

Statements of income and expenditures are submitted as a part of this report in comparative form, our comments in connection therewith following:

Members' dues, as recorded on the books of the Association, were test-checked by corresponding with ten county societies selected at random by us, from nine of which replies have been received to the date of this report, in verification of the amount of remittances for dues forwarded by them during the months of January, February, and March, 1940. The Imperial County Medical Society did not report to us.

Advertising income of the JOURNAL was test-checked by comparison of space used with the charges in the advertisers' accounts.

Expenditures for the period under review were checked to the lists thereof approved by the Auditing Committee and the major items included were verified further by examination of invoices, receipts and other data on file. Minutes of the meetings of the Council, Executive Committee, Trustees, etc., were read by us for authorization for large or unusual disbursements.

No contingent liabilities, other than the possibility of additional state unemployment reserves taxes, as provided for in the reserve for contingencies were disclosed by our examination nor were the Association or Corporation reported to be contingently liable on any lawsuits as of December 31, 1940.

OPINION

In our opinion, except for the fact that a full reserve against certain loans may not be needed, the accompanying balance sheets and related statements of income and expenditures, surplus and deficit, present fairly the position of the Association and the Corporation at December 31, 1940, and the excess of income over expenditures for the year, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

ERNST & ERNST,
Certified Public Accountants.

I

California Medical Association

BALANCE SHEET

December 31, 1940

ASSETS

Cash:			
Office working fund	\$	50.00	
On deposit:			
Commercial accounts	\$	9,433.14	
Savings accounts		573.20	
		<u>10,006.34</u>	\$10,056.34
Accounts Receivable:			
Journal advertisers	\$	1,925.88	
Less reserve for doubtful ..		500.00	
		<u>\$ 1,425.88</u>	
Sundry accounts		130.00	
		<u>1,555.88</u>	1,555.88
Other Assets:			
Cash loans and advances:			
California Physicians' Service—Note A *		\$42,000.00	
Morris Herzstein Trust Fund		1,041.58	
		<u>\$43,041.58</u>	
Deposit		75.00	
		<u>43,116.58</u>	43,116.58
Trust Fund:			
Morris Herzstein Bequest—savings account			806.27
Furniture, Equipment, Etc.			
—nominal value			1.00
Deferred Charges:			
Rent paid in advance	\$	274.00	
Equipment for annual meetings		537.04	
Annual meeting expense for 1941		39.55	
		<u>850.59</u>	
			<u>\$56,386.66</u>

* Note A—Loans to California Physicians' Service are represented by notes, which are due in the following years:
Due in 1940 (past due)\$15,000.00
Due in 1942 6,000.00
Due in 1943 21,000.00

Of the above loans, \$21,000.00 had been loaned during 1939 and the additional \$21,000.00 was loaned during 1940. A reserve of \$21,000.00 had been provided at December 31, 1939, against loans at that date, by a charge to the Deficit account, and an additional \$21,000.00 has been provided likewise in 1940, until such time as we are assured that that organization has funds available for repayment.

LIABILITIES AND RESERVES

Accounts Payable:

Due to Trustees Of The California Medical Association:		
Loans	\$58,303.07	
Interest	125.00	
	<u>\$58,428.07</u>	
Advertising commissions and expenses	172.54	
Pay roll taxes	215.78	
	<u>\$58,816.39</u>	

Deferred Income:

Dues received in advance	\$ 1,890.00	
Reprint income received in advance	184.65	
Advertising income received in advance	24.00	
	<u>2,098.65</u>	

Trust Funds:

Unexpended balance of income received under Herzstein bequest	\$ 806.27	
Contributions received for fund for needy members	210.00	
	<u>1,016.27</u>	

Reserves:

For possible loss on loans —Note A	\$42,000.00	
For contingencies	1,000.00	
	<u>43,000.00</u>	

TOTAL LIABILITIES AND RESERVES

\$104,931.31

Deficit—Representing the amount by which the liabilities and reserves for possible losses exceed the total assets of the Association at December 31, 1940—Notes A and B †

48,544.65

\$ 56,386.66

† Note B—The California Medical Association had beneficial interest at December 31, 1940, in the net assets of Trustees Of The California Medical Association, the balance sheet of which as of that date showed net assets of \$92,644.19, which includes the amount of \$58,428.07 due from California Medical Association. The combined position of both organizations after elimination of this offsetting amount of \$58,428.07 is shown in the combined balance sheet included in the text of this report. Trustees Of The California Medical Association had in turn a beneficial interest in the Indemnity Defense Fund, by reason of assignments of members' interests held by them, which amounted to approximately \$44,229.25 at December 31, 1940.

DEFICIT

CALIFORNIA MEDICAL ASSOCIATION

Year ended December 31, 1940

Deficit at December 31, 1939	\$40,429.68	
Provision for reserve for loss on additional loans to California Physicians' Service	21,000.00	
	<u>\$61,429.68</u>	
Excess of income over expenditures for the year ended December 31, 1940	12,885.03	
DEFICIT AT DECEMBER 31, 1940	<u>\$48,544.65</u>	

INCOME AND EXPENDITURES

CALIFORNIA MEDICAL ASSOCIATION

Years ended December 31, 1940, and December 31, 1939

INCOME

	YEAR ENDED	
	DEC. 31, 1940	DEC. 31, 1939

Dues and general:

Membership dues (less portion allocated to journal subscriptions) ..	\$45,960.00	\$44,091.00
Exhibits at annual meeting	5,600.00	5,375.00
California Medical Society—services	600.00	600.00
Reprint sales—net	86.85	454.10
Interest earned	53.02	118.04
Miscellaneous	11.70	104.96
	<u>\$52,311.57</u>	<u>\$50,743.10</u>

Official Journal — CALIFORNIA AND WESTERN MEDICINE:

Advertising	\$24,315.26	\$25,387.09
Members' subscriptions (allocated from dues)	19,595.00	18,866.00
Cash subscriptions	935.08	910.97
	<u>\$44,845.34</u>	<u>\$45,164.06</u>
TOTAL INCOME	<u>\$97,156.91</u>	<u>\$95,907.16</u>

EXPENDITURES

Administrative	\$40,029.70	\$45,627.10
Scientific, educational and public relations	8,815.72	13,695.19
Official journal — CALIFORNIA AND WESTERN MEDICINE	35,426.46	40,055.55
TOTAL EXPENDITURES	<u>\$84,271.88</u>	<u>\$99,377.84</u>
EXCESS OF INCOME OVER EXPENDITURES	<u>\$12,885.03</u>	<u>\$ 3,470.68</u>

EXPENDITURES

CALIFORNIA MEDICAL ASSOCIATION

Years ended December 31, 1940, and December 31, 1939

	YEAR ENDED	
	DEC. 31, 1940	DEC. 31, 1939

Administrative:

Salaries—Secretary, Treasurer and Director of Public Relations	\$ 7,950.00	\$ 8,000.00
Salaries—clerical	6,965.00	7,065.00

Travel expense:

Secretary, Treasurer and Director of Public Relations	345.23	330.81
Officers	519.26	642.41
Council	2,027.51	1,539.76
Executive committee	101.40	36.20
American Medical Association delegates	1,277.50	819.70
Taxes—pay roll	527.53	1,928.60
Annual meeting expense	4,366.78	3,181.67
Special meeting expense		1,060.00

Legal expense:

Retainer	4,000.00	4,000.00
Other legal expenses	1,827.92	4,231.38
Rent	3,288.00	3,288.00
Office supplies and expenses	1,817.96	2,002.87
Postage	442.00	982.35
Directory	559.29	607.19
Telephone and telegraph	551.69	774.55
Council and executive committee expense	182.73	224.23
Equipment expense	119.99	634.21
Interest on loans	1,525.02	692.92
Miscellaneous	1,634.89	3,585.25
	<u>\$40,029.70</u>	<u>\$45,627.10</u>

Scientific, Educational and Public Relations:

California Society for Promotion of Medical Research	\$ 300.74	
Contributions to medical libraries..	3,306.00	3,114.50
Legislation and public policy expenses	1,805.18	3,899.88
Other committee activities	2,471.34	3,720.74
Public Health League expense		1,714.00
Department of Public Relations—sundry expense	1,233.20	945.33
	<u>\$ 8,815.72</u>	<u>\$13,695.19</u>

Official Journal — CALIFORNIA AND WESTERN MEDICINE:

Printing	\$23,461.59	\$27,308.78
Salary—Editor	4,000.00	4,000.00
Salaries—clerical	2,035.00	2,220.00
Advertising commissions	3,531.32	3,595.54
Wrapping and mailing	1,318.74	1,616.59
Illustrations	263.34	541.88
Supplies, expense and office postage	428.93	225.63
Discounts and collection expense...	273.54	247.13
Provision for doubtful accounts	114.00	300.00
	<u>\$35,426.46</u>	<u>\$40,055.55</u>
TOTAL EXPENDITURES	<u>\$84,271.88</u>	<u>\$99,377.84</u>

II

Trustees of the California Medical Association (A Corporation)

BALANCE SHEET
December 31, 1940

ASSETS

Cash:

On deposit:

Commercial account:	
Bank of America	
N. T. & S. A.	\$ 282.11
Savings accounts:	
Bank of America	
N. T. & S. A.	\$ 3,099.72
Crocker First Federal Trust Co.	108.68
The San Francisco Bank	103.47
	3,311.87

Marketable Securities:

U. S. Government Securities—at cost (par value \$79,000.00, of which \$50,000.00 has been pledged) (Quoted market value \$87,357.20)	\$80,073.45
Accrued interest	548.69
	80,622.14

Due from California Medical Association

—Note A *:

Loans	\$58,303.07
Interest	125.00
	58,428.07

Endowment Fund—held in savings account...

243.21

Trust Fund—Note B †:
Indemnity Defense Fund:

Savings accounts:

Wells Fargo Bank & Union Trust Co.	\$36,720.36
American Trust Co.	10,837.98
	47,558.34

\$190,445.74

LIABILITIES AND SURPLUS

Note Payable to Bank—Secured by bonds having a par value of \$50,000.00

\$ 50,000.00

Members' contributions to Endowment Fund

243.21

Trust Fund—Note B †:

Funds transferred from Indemnity Defense Fund

\$47,199.37

Interest earned

358.97

47,558.34

* Note A—A combined balance sheet of the Association and Corporation is shown in the text of this report showing the net assets of both organizations after elimination of this amount.

Editor's Note.—Since date of Auditors' Report, the bank loan referred to under Note "A" has been retired.

† Note B—This Corporation, by appropriate action, assumed custodianship of the Indemnity Defense Fund during the year, pending distribution of the Fund. At such time as distribution is made, the Corporation, because of assignments of members' interests held by them, will be beneficiary of approximately 93 per cent of the net assets of the Fund, which would amount to \$44,229.25 at December 31, 1940.

Surplus:

Contributed surplus:	
Received from California Medical Association	\$75,000.00
Earned surplus:	
Balance at December 31, 1939	\$15,579.96
Net income for the year ended December 31, 1940	2,064.23
	17,644.19
	92,644.19
	<u>\$190,445.74</u>

INCOME AND EXPENDITURES

TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION (A CORPORATION)

For the years ended December 31, 1940, and December 31, 1939

	YEAR ENDED	
	DEC. 31, 1940	DEC. 31, 1939
INCOME		
Interest on bonds	\$2,498.75	\$2,498.75
Interest on savings accounts	110.28	145.12
	\$2,609.03	\$2,643.87
EXPENSES		
Miscellaneous	544.80	34.36
NET INCOME	<u>\$2,064.23</u>	<u>\$2,609.51</u>

* * *

III

Special Assessment Fund †

CALIFORNIA MEDICAL ASSOCIATION

BALANCE SHEET

December 31, 1940

ASSETS

Cash—on deposit \$18,126.67

LIABILITY

Unexpended balance of fund—Note A * \$18,126.67

STATEMENT OF RECEIPTS AND DISBURSEMENTS

Balance in fund at December 31, 1939.. \$31,579.29

Receipts:

Assessments received from 26 members	260.00
	\$31,839.29

Disbursements:

Public policy and legislation	\$6,000.00
Publicity director—salary	5,300.00
Publicity director—Sundry expenses	346.60
Travel expense	836.22
Stationery and supplies	418.31
Postage	217.78
Literature	198.83
Telephone and telegraph	14.80
Miscellaneous	380.08
	13,712.62

UNEXPENDED BALANCE OF FUND

\$18,126.67

* Note A—Pursuant to the resolution of the House of Delegates, all moneys collected under the special assessment are to be carried in a special fund and used only for the educational purposes contemplated in the resolution. In addition, any amount remaining in this special fund, after discharge of the Committee on Public Health Education by the House of Delegates, is to be returned pro rata to the then members of the Association who paid the special assessment.

† Note B—Assessments of \$10.00 each were levied against 6,101 members on June 1, 1939. At the date of this balance sheet, 4,935 members have paid their assessment, leaving a balance of \$11,660.00 still owing to the fund by members.

MARKETABLE SECURITIES

TRUSTEES OF THE CALIFORNIA MEDICAL ASSOCIATION (A CORPORATION)

December 31, 1940

Description	Maturity Date	Interest Rate	Par Value	Cost	Quoted Market Price	Accrued Interest
U. S. Treasury Bonds	1944-54	4%	\$25,000.00	\$25,093.75	\$28,375.00	\$141.66
U. S. Treasury Bonds	1944-46	3½	10,000.00	10,000.00	10,918.75	67.70
U. S. Treasury Bonds	1943-45	3½	2,000.00	2,000.00	2,162.50	13.55
U. S. Treasury Bonds	1944-46	3½	2,000.00	2,000.00	2,183.75	13.55
U. S. Treasury Bonds	1949-52	3½	5,000.00	5,321.88	5,701.56	84.64
U. S. Treasury Bonds	1948-51	2¾	10,000.00	10,253.13	11,115.63	80.21
U. S. Treasury Bonds	1945-47	2¾	5,000.00	5,131.25	5,487.50	40.10
U. S. Treasury Bonds	1949-53	2½	10,000.00	10,015.63	10,793.75	10.42
U. S. Treasury Bonds	1945	2½	5,000.00	5,176.56	5,421.88	67.70
U. S. Treasury Note	1942	2	5,000.00	5,081.25	5,196.88	29.16
			<u>\$79,000.00</u>	<u>\$80,073.45</u>	<u>\$87,357.20</u>	<u>\$548.69</u>

Note A—Bonds having a par value of \$50,000.00 have been pledged with bank as collateral on loans at December 31, 1940.

REPORT OF THE EXECUTIVE SECRETARY

To the President and the House of Delegates:

Your executive secretary was appointed as of October 1, 1940, to take charge of various of the nonmedical functions of the Association's management, under the direction and supervision of the Council. His duties were outlined in advance of his assumption of any authority; those duties are recited in brief in the report of the Council, printed elsewhere in this issue.

The Executive Secretary was instructed to survey and reorganize the central office routine as his first duty. This activity resulted in a rearrangement of the duties delegated to various office assistants, so that four office assistants now handle the work formerly performed by five. This rearrangement has resulted in a reduction of more than \$2,500 annually in Association pay rolls without any reduction in the volume of work performed in the office or the service rendered to members.

Correspondence, which forms one of the major functions of the central office, is now handled immediately on the receipt of mail. With rare exceptions, every communication coming into the central office is answered on the day it is received.

The Association's files, which are maintained on a permanent basis, have been permitted to function in better fashion through the clearance of an accumulation of unfiled matter. The library-type filing system employed is a satisfactory method, provided proper cross-indexing is used and filing is kept up to date, and it is now believed that the central office files are in good condition and capable of handling the Association's record work efficiently.

Financial records kept in the Association's books have been reviewed and various changes inaugurated as means of simplifying the financial reports and accounts. Book-account numbers have been renumbered to conform to accepted accounting standards and to simplify the task of bookkeeping. Financial forms made up for the Council have been rearranged and simplified. Various small bank accounts have been consolidated in order to eliminate extra detail work.

The Executive Secretary has also suggested and put into effect the utilization of cash funds for the retirement of bank loans on which the Trustees Of The California Medical Association formerly paid \$1,500 annual interest.

Office supplies, which are a matter of continuing expense, have been surveyed with a view toward eliminating much of the effort required to maintain a suitable inventory and also of reducing the cost of these items. In some instances it has been found possible to purchase staple supplies in large quantities and reduce the cost as much as 60 per cent. Reductions in the cost of other items will become possible with the start of a new Association year, and such economies will be put into effect without delay.

Membership records, which form the official tabulation of Association members, have been reviewed and put in good condition. Master membership cards have been prepared for each county society, with the object of supplying a continuous record of county society memberships. This innovation is working out nicely.

Placement bureau files have been kept under constant supervision and have been brought up to date so far as possible. In recent months these files have supplied several physicians for *locum tenens* for doctors leaving their offices temporarily or for longer periods, such as active service in the Army. The operation of the Placement Bureau is a simple one, but one in which the service of the Association to its members and to the profession can be of great benefit.

Medical Preparedness blanks have been mailed three times to all California physicians not already on record with the American Medical Association. These mailings have brought better than a 93 per cent response from the doctors of California. The central office has also given considerable time to correspondence relative to Army or

Navy service of members and to the securing of physicians for military service.

County societies have been promptly advised of official actions of the Council and of important matters relative to membership, legislation, and other items. The central office will continue to keep the county societies advised of developments which might occur with little advance warning and which might adversely affect the welfare of the county societies or their members.

Public relations activities have been taken over by the Executive Secretary as a part of his work. To date, these activities have not been particularly extensive, but such matters as the preparation of publicity releases, the handling of press relations in both the daily activities and the annual session of the Association, and other lines, will be promptly administered from the central office.

The Committee on Public Health Education early this year dispensed with the services of a full-time public relations representative. The Executive Secretary has now undertaken the work formerly handled by the former full-time employee and is ready to handle such other matters as may be delegated to him by the Committee on Public Health Education. At the present time these activities include the distribution of radio addresses for commercially sponsored campaigns, the dissemination of pamphlets and other publications on public health matters, the detail work of the recent scenario and essay contests, and incidental activities.

The Committee on Public Policy and Legislation has also called upon the Executive Secretary for coöperation in several legislative matters. These subjects have included the research necessary to gather factual data for Association witnesses at Sacramento hearings, the appearance before Sacramento committees, the securing of members to testify on behalf of our proposed bills, and the coördination of legislative efforts of various local and county units with the state-wide effort of the Association. This work is continuing at this writing.

Commercial exhibits at the annual session have been handled by the Executive Secretary, who is happy to report a new peak revenue of \$7,640 from the sale of 41 exhibit spaces at the 1941 annual session. Commercial exhibitors are being handled in a manner designed to merit their continued support of the Association's annual meetings and to encourage their coöperation with the Association through advertising in the JOURNAL.

CALIFORNIA AND WESTERN MEDICINE is under the business direction of the Executive Secretary. On other pages of this issue are shown the comparative income and expense items of the OFFICIAL JOURNAL for 1940 and 1939. These figures are self-explanatory. The Auditor's figures show a net deficit of \$10,176 for the JOURNAL for 1940, compared with a net deficit of \$13,758 for 1939. The reductions in deficit came about primarily from a reduction in printing costs, and were offset to some extent by a drop from \$25,387 to \$24,315 in advertising revenues. The subject of expenses of CALIFORNIA AND WESTERN MEDICINE is now under study by the Council in connection with a proposal for contract publication of the JOURNAL. The Executive Secretary is following the instructions of the Council in this matter and will submit to the next Council meeting a complete report on possible financial results of the JOURNAL under suggested changes in format and development of potential sources of additional revenue.

At the present time the Executive Secretary believes the operation of the central office of the Association is being carried on effectively and expeditiously. The central office is capable of handling the many obligations placed upon it and is so arranged that additional and unusual duties can be practicably absorbed as a part of the routine work. As additional savings in expense or improvement in services appear to become possible, they will be adopted.

Respectfully submitted,

John Hunton, *Executive Secretary*.

REPORT OF THE EDITOR

To the President and the House of Delegates:

During the past year, an earnest effort has been made to hold the monthly issues of CALIFORNIA AND WESTERN MEDICINE down to ninety-six pages. To accomplish this, it was necessary to give up some former departments, such as Bedside Medicine and Lure of Medical History. It was hoped that in this manner a larger number of pages could be given to original articles and so permit appearance of a greater number of papers read at the annual sessions. These plans could not be carried through, however, because the advent from month to month of Medical Preparedness needs, legislative and allied matters, brought about unforeseen encroachments.

It is important to keep in mind that about 80 per cent of the 6,621 members of the California Medical Association are in general practice, and that CALIFORNIA AND WESTERN MEDICINE—in common with official journals of other constituent state medical associations—is the expression of organized medicine, even though in that capacity it is the supporter and defender of scientific medicine. Consequently, the contents of every issue must be of a varied and not overtechnical or specialized character. Otherwise, protests from the 80 per cent of members in general practice would no doubt be heard.

In previous years, the Editor has carried on his work with the members of the Committee on Publications largely through correspondence. Last year the transportation expenses for a meeting of the Committee were granted by the Council, the Committee at its meeting going over the manuscripts and deciding on papers to be released for publication elsewhere, manuscripts that might be accepted if changed or reduced in size, and articles which were in form for immediate acceptance. It has been unfortunate that funds were not available that would have permitted the Committee on Publications to hold several meetings each year.

In an effort to solve the problems having to do with the acceptance or nonacceptance of papers, and of deciding what annual papers shall be accepted, with or without conditions, the Council, at its meeting on February 23, approved a plan for an editorial board of thirty members, to be composed of representatives of the specialties, who would advise with and coöperate with the Editor in these matters. This plan will be put into operation after the Del Monte annual session in May, 1941. It is hoped that it will fulfill the expectations of its sponsors.

CALIFORNIA AND WESTERN MEDICINE seemingly fills a need to the satisfaction of many members, if judgment may be made from the very few criticisms which have come to the Committee on Publications and the Editor. Suggestions for improvements are always welcomed, and members of the Association are requested to feel free to acquaint the Editor with their opinions. The OFFICIAL JOURNAL is designed to be the mouthpiece of organized medicine in California, and it is the earnest desire to have expressions of the best scientific work of California physicians appear in its pages.

For the generous support given him by the many members who have contributed articles, the Editor wishes to express his heart-felt appreciation.

Respectfully submitted,
George H. Kress, *Editor*.

REPORT OF THE LEGAL DEPARTMENT

To the President and the House of Delegates:

We shall endeavor to present herein a concise statement outlining some of the major phases of the work performed on behalf of the Association during the past year by the legal department. Very briefly our work during the past year has been as follows:

Basic Science Initiative.—At the last meeting of the House of Delegates the Council was instructed to proceed with the preparation of a Basic Science initiative and with such steps and procedures as may be necessary to place it on the ballot. After the annual meeting, the matter of preparation of the initiative was placed in the hands of a special committee, consisting of Dr. Donald Cass and Dr. Dwight L. Wilbur. During the past year we have worked very closely with Doctors Cass and Wilbur in the drafting of the proposed act, a very complex and a highly technical legal task. It involves numerous constitutional and statutory problems as well as administrative questions which must be adequately met, because once an initiative has become law it can only be amended and mistakes can only be corrected by a subsequent initiative. Accordingly, we have given a great deal of study to the exact phraseology to be used in the initiative and have prepared several complete drafts. During the year the dentists decided that they desired to be included in the initiative and it became necessary to revise the entire act in order to include dentistry. This has been done, and at the present time the initiative has been placed in final form and has been approved by the Council. At the time of dictating this report, a letter from the legal department of the American Medical Association, containing some suggestions, is being reviewed by the Executive Committee and the Special Committee. We expect daily to be told to proceed with the instructions of the Council to present the initiative to the Attorney-General of the State of California for a title and summary. Unless some unforeseen obstacle beyond our control should develop, the initiative should have reached the stage of actual circulation of petitions by the time of the annual meeting.

The preparation of the initiative has involved attendance at numerous meetings, as well as a tremendous amount of research. We hope that it will prove to be a workable act and of great benefit to the public and the profession.

Legislation.—As the Legislature is in session this year, we have had a great deal of work to do in this field. At the last session of the House of Delegates, resolutions were adopted requiring introduction in the Legislature on the following subjects: humane pounds, exemption from motor-vehicle laws when responding to an emergency, citizenship, and several other matters affecting the medical profession. Prior to the meeting of the Legislature, we prepared all bills required by action of the House of Delegates and forwarded them to the Committee on Public Policy and Legislation.

Probably the greatest amount of work in connection with legislation has been the necessary task of reviewing and analyzing all bills introduced that have any bearing on the practice of medicine and surgery. This has involved analysis of over three hundred bills. In addition, we have prepared opinions for the benefit of the Committee on Public Policy and Legislation relating to forty or fifty of these bills. During the session it has been, and will continue to be, necessary for us to attend committee hearings and to advise with the Legislative Committee.

Indemnity Defense Fund.—During the year we have carried out the instructions of the Council and have prepared and carried into effect all of the legal documents necessary in order to transfer the custodianship of the assets of the indemnity defense fund from the board of three trustees to Trustees Of The California Medical Association, a nonprofit corporation.

Medical Jurisprudence.—During each month we have prepared an article for the Medical Jurisprudence column in CALIFORNIA AND WESTERN MEDICINE. It is our hope that within the next year the subject matter of these articles can be collected and supplemented by additional material to form a physicians' handbook.

Miscellaneous.—During the year, opinions have been requested and furnished dealing with a number of subjects,

including disciplinary procedure, lodge practice, sterilization, workmen's compensation insurance, legal and medical aspects of corporate practice of medicine, interpretation of by-laws, compulsory health insurance, expert testimony, and many other matters.

Attendance at the annual conference of committee and county society officers, the meetings of the Council, Executive Committee, Committee on Public Relations, Committee on Public Policy and Legislation, and other standing and special committees, and with representations of a number of county societies, have been maintained throughout the year.

Respectfully submitted,

Hartley F. Peart, *General Counsel.*

II

REPORTS OF DISTRICT COUNCILORS

FIRST COUNCILOR DISTRICT

Imperial, Orange, Riverside, San Bernardino, and San Diego Counties

To the President and the House of Delegates:

The First District has shown considerable increase in the number of doctors during the past three years. The percentage of gain in numbers has varied from 31.9 per cent to a loss of 8.7 per cent. San Bernardino County made a gain of thirty-eight doctors, or 31.9 per cent. San Diego gained sixty-five doctors, or 28.6 per cent. Orange County gained twelve doctors, or 11.2 per cent. Riverside gained twelve doctors, or 30 per cent. Imperial County lost two doctors in the same period of time.

Military service has drawn heavily from all communities and many doctors have gone for service with the Government. Some communities have given more than they could really spare, while others have not given the number they should. Care must be used in taking from our communities only the number of doctors that should be taken so as not to work a hardship on the population or the medical attendants.

The State officers visited the societies of the First District, except Orange County. That Orange County will be visited soon is our expectation. President-Elect Henry Rogers, Editor George H. Kress, Ben H. Read, Executive Secretary of the Public Health League, and the Councilor of the First District visited the societies. Night dinner meetings were held, and a good attendance was seen. At the combined meeting of the Riverside and San Bernardino Counties Society meeting, many ladies came with their husbands to enjoy the meeting.

Well-attended postgraduate meetings have been held in all the counties. More interest is being evidenced each year in the postgraduate work held by the counties. An increased number have been seen coming from other counties to attend the meetings of their neighbor societies. The men are realizing how easy it is for them to get postgraduate work and remain at home, as compared with their going away long distances and being absent from their homes and their work.

California Physicians' Service has not grown in the First District, as we would like to report. There has been no salesman in this area, and it has been shown that California Physicians' Service cannot be sold without a solicitation and a follow-up. Also, doctors are not the ones to sell and solicit the business for the California Physicians' Service. Like all insurance, it must be sold.

Respectfully submitted,

Calvert L. Emmons, *Councilor,*
First District.

SECOND COUNCILOR DISTRICT

Los Angeles County

To the President and the House of Delegates:

In this district continued progress has been made in Public Education and Relations by the Committee on Public Policy and Relations of the Los Angeles County Medical Association through its Speakers' Bureau.

Of particular interest was the Los Angeles Health Defense Exhibition, conceived and sponsored by the Los Angeles County Medical Association with the active cooperation of the Los Angeles Dental and Pharmaceutical Associations. The Exposition was held on February 2 to 9, inclusive, at the Shrine Auditorium. The several scientific sections and some individual members arranged scientific exhibits of various types; many allied commercial concerns also exhibited. The exhibition received very favorable publicity in the press as evidenced by 5,100 column inches, 720 different news items, and 426 cuts. Two nation-wide broadcasts were distributed direct from the floor of the exhibition, and a national news reel picture of modern surgery was also made. The greatest public appeal and interest appeared to be the demonstration of modern surgical procedures and motion pictures of different aspects of surgery, obstetrics, and gynecology. The total number of exhibits were fifty-nine, and the exhibits covered 100,000 square feet of space.

The exhibition was an innovation and experiment in public relations, and it is to be hoped that it will be repeated and that other societies will seriously consider arranging for similar exhibitions, as this method of actual demonstration possesses possibilities for public education.

A motion picture in color was made of the different phases of the exhibition and already there is quite a demand for its showing throughout the state.

The Committee on Scientific Programs, consisting of Doctors Donald Charnock, Eric Larson, and L. A. Alesen, are to be commended for their efforts.

Scientific interest has been kept at the usual high plane through programs presented by the parent association and its eleven branch societies and twelve specialty programs.

The total membership of the Los Angeles County Medical Association, as of December 31, 1940, was 2,704.

Respectfully submitted,

George D. Maner, *Councilor,*
Second District.

THIRD COUNCILOR DISTRICT

Kern, San Luis Obispo, Santa Barbara, Ventura and Inyo-Mono Counties

To the President and the House of Delegates:

All the societies comprising the Third District are in excellent condition. They have added to their membership and participated in the activities of the Association, the District Postgraduate Course being held for the fourth year. Each society has participated in the Defense program.

In company with Secretary-Editor Kress, Inyo-Mono was visited in July. An excellent scientific program was part of the evening's entertainment. The Inyo-Mono County Medical Society having signified its desire to be a part of the Third Councilor District (Inyo and Kern counties being contiguous geographical areas), that unit is now a part of the Third Councilor District, in accordance with action taken at Coronado.

San Luis Obispo, with two large camps under construction, has had its facilities extended to the utmost. Two air fields with basic schools in Kern County and a large hospital in Santa Barbara will furnish those counties with Army activities. These activities will bring in many ad-

ditional doctors to these areas, and the societies are already collaborating with them.

With President-Elect Rogers and Secretary Kress, meetings at which organization topics were discussed were attended at Santa Barbara, Ventura, Santa Maria, and Bakersfield.

Respectfully submitted,

Louis A. Packard, *Councilor,*
Third District.

FOURTH COUNCILOR DISTRICT

Fresno, Madera, Kings, Tulare, Merced, Mariposa, Calaveras, San Joaquin, Tuolumne, and Stanislaus Counties

To the President and the House of Delegates:

Meetings have been held with all county societies of this district for the purpose of discussing organization activities and problems. Secretary George H. Kress was present at all these meetings, except one, and supplied much-needed information.

The Councilor has endeavored to bring home to the membership the need of full coöperation with the purposes of the National Defense Program, the importance of promoting California Physicians' Service, and the undoubted benefits of postgraduate conferences. Such topics as Medical Defense insurance, Woman's Auxiliary activities, lodge practice, pending legislation, provisions for needy members, have all received deserved attention.

There has been a steady growth of membership in nearly all our Valley societies, and the importance of working together on our many common problems is better understood, while the benefits of membership are more appreciated.

Respectfully submitted,

A. E. Anderson, *Councilor,*
Fourth District.

FIFTH COUNCILOR DISTRICT

Monterey, San Benito, San Mateo, Santa Clara, and Santa Cruz Counties

To the President and the House of Delegates:

Our activities for the current year are coming to a close and the annual session will soon be here. During the past year, I have contacted each of the county societies of the Fifth Councilor District at some time, and discussed California Medical Association problems with them.

Last year having been election year, I was called upon several times during the campaign months to talk before the Woman's Auxiliaries, Service Clubs, Parent-Teacher Association, and college groups of this district, regarding certain legislative measures of interest and other problems confronting the medical profession. These were given with the idea of gaining help from the general public and educating them about our activities.

There have been no regular postgraduate courses held in this district last year, but we were fortunate in Santa Clara County in having Dr. Cyrus C. Sturgis of Michigan as a lecturer, brought here by the San Jose Hospital Association. He gave a series of five lectures, and members of the Fifth District were all invited guests of the San Jose group. Splendid programs have been given by each county society at the regular monthly meetings. There has been an excellent increase in new members in our district.

At meetings with the different county societies all of the activities of the California Medical Association (especially the Basic Science initiative) have been fully explained. I have tried to interest all members in the annual session and the activities of the California Medical Association so that everyone will be more intimately acquainted with our problems.

The Defense Program has been the most vital undertaking this year, and several of our men have already gone into the Service. The men active in the Selective Service Program are to be commended for their work. There has been a fine spirit of coöperation by the men in this program.

Respectfully submitted,

R. S. Kneeshaw, *Councilor,*
Fifth District.

SIXTH COUNCILOR DISTRICT

San Francisco County

To the President and the House of Delegates:

During the past year, the members of the Sixth District have continued their study of and negotiations with the Health Service System of San Francisco in an effort to obtain an improved fee schedule and a larger voice in the conduct of that system. At the present time the doctors serving under the system are being polled concerning their wishes in the matter.

The remainder of the problems have been similar to those of other councilor districts.

Respectfully submitted,

John W. Cline, *Councilor,*
Sixth District.

SEVENTH COUNCILOR DISTRICT

Alameda and Contra Costa Counties

To the President and the House of Delegates:

As councilor for the Seventh District, I wish to report that I have kept in touch with the various activities of these county societies. The meetings have been well attended, and the subjects and discussions have been of much interest.

Respectfully submitted,

O. D. Hamlin, *Councilor,*
Seventh District.

EIGHTH COUNCILOR DISTRICT

Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo, and Yuba Counties

To the President and the House of Delegates:

During the past year there has been considerable reorganization in several county medical societies in the Eighth District. The Yolo-Colusa-Glenn Medical Society has been so divided that Yolo County now has its own society, with Colusa County added to the Yuba-Sutter group, and Glenn County associated with the Butte Society. The name of the Placer County Society has also been changed to the Placer-Nevada-Sierra County Medical Society. Among the eighteen counties in this district, only three at the present time are not represented by medical societies, namely, Alpine County, which has no physicians; Amador County, which is affiliated with the Sacramento Society for Medical Improvement; and Eldorado County, which is associated with the Placer-Nevada-Sierra County Society. The above reorganization was intended to unite more closely the component county societies, and to make the benefits of county society membership more readily available.

An Eight District Postgraduate Conference was held at Tahoe Tavern last summer, and although the attendance was rather disappointing, the meeting was otherwise successful. Plans are being considered for additional postgraduate conferences this year which will probably be held in various cities throughout this district.

Several of the component county societies have already been visited this year, with additional meetings planned

during May, when President-Elect Rogers and Secretary-Editor Kress are scheduled to make their annual trip to northern California. On the whole, the regular monthly meetings in this district are well attended, the scientific programs are entertaining and instructive, and the physicians are extremely interested in the problems of organized medicine.

Respectfully submitted,

Frank A. MacDonald, *Councilor,*
Eighth District.

NINTH COUNCILOR DISTRICT

Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma, and Trinity Counties

To the President and the House of Delegates:

Due to illness, I was unable to attend the Council meeting of February 23, 1941, in San Francisco, or the Secretaries' meeting of February 22, 1941. During the fall of 1940, it was my pleasure to meet with the Mendocino-Lake Society at Willits on August 17, 1940; the Marin County Society on August 22, 1940, and in October; and the Sonoma County Society on June 15, 1940, while the meetings of the Napa and Solano County Medical Societies were attended several times.

The most outstanding of these meetings was the Tri-County meeting at Napa, at which President Harry Wilson was the speaker of the evening, and at which he showed us an entirely new side to his character when he discussed very intimately his "Psychology of Living."

Another extremely interesting meeting was that at Mare Island Hospital on June 11, 1940, when the naval medical officers entertained 118 guests at dinner and enjoyed a paper on "Naval Aviation," presented by Captain R. G. Davis, Medical Corps, United States Navy. His talk was followed by several reels of films of the highlights of training our naval aviators, as well as their physical examinations. According to present plans, during March I shall visit the Siskiyou Society at Yreka and the Humboldt County Society at Eureka.

Dr. L. L. Stanley's meeting for the Marin County Society at San Quentin prison was also a very pleasant and instructive visit. We were fortunate to have the genial doctor take us through the hospital in the afternoon. The making of an "artificial eye" at the evening session, and Doctor Stanley's operation for nasal deformities was particularly interesting, as well as his method of giving orchic substance.

Siskiyou County members have asked me to discuss the present policies of the California Medical Association at their meeting in March.

No serious difficulties have been encountered during the first year of my term as councilor of the Ninth District.

Respectfully submitted,

John W. Green, *Councilor,*
Ninth District.

III

REPORTS OF COUNCILORS-AT-LARGE

To the President and the House of Delegates:

Your councilor-at-large has attended meetings regularly during the year. He has presided at the meetings of the Council, has kept in touch with the Society's state-wide medical plan, and the local San Francisco Health Service. As chairman of the Council, he has presided at meetings.

Respectfully submitted,

Philip K. Gilman, *Councilor-at-Large.*

To the President and the House of Delegates:

As a councilor-at-large of the California Medical Association, I have attended all of the Council meetings, actively participated in the various meetings, attended the Secretaries' Conference, and served on the Auditing Committee.

Respectfully submitted,

Elbridge J. Best, *Councilor-at-Large.*

To the President and the House of Delegates:

During the past year, in my function as councilor-at-large, it has been my very pleasant duty and privilege to visit a number of the component societies in the interior valleys.

I met with the Kern County Society at Bakersfield, Tulare County Society at Visalia, Fresno County Society at Fresno, and the Sacramento County Society at Sacramento. A terrific storm, blocking traffic, prevented my attendance at a meeting of the Butte County Society at Chico.

I have also endeavored to keep my own San Joaquin County Society fully informed as to the problems of organized medicine and the legislative activities, as well as the progress and scope of California Physicians' Service.

It has been a pleasure to coöperate with the secretary-editor, Dr. George H. Kress, and the new executive secretary, Mr. John Hunton, and the members of the Council in the sincere endeavor to wisely solve the many problems before us.

Respectfully submitted,

Dewey R. Powell, *Councilor-at-Large.*

To the President and the House of Delegates:

I have attended all of the meetings of the Council and have engaged in the deliberations of this body. I have been happy to give my support in the reorganization of the Association offices, thereby affecting a considerable saving. It is my feeling that by this reorganization the efficiency of the office and the personnel has been increased without sacrificing any of the ideals or principles of our professional organization. The possibility for a strong public relations activity is tremendously increased without increasing our expenses, but rather at a considerable saving over previous expenditures for such activities.

Respectfully submitted,

E. Earl Moody, *Councilor-at-Large.*

To the President and the House of Delegates:

It has been my pleasure to attend all of the Council meetings in the past year, and to keep the members in my locality informed regarding the problems facing the Association and its membership.

Respectfully submitted,

Edward B. Dewey, *Councilor-at-Large.*

To the President and the House of Delegates:

In addition to the ordinary routine Council work, your councilor-at-large from San Diego, in coöperation with the State officers, arranged a program in Coronado in the early part of February, on Military Medical Preparedness. In addition, he has participated in the activities of the Post-graduate Committee for the local organization.

Respectfully submitted,

S. J. McClendon, *Councilor-at-Large.*

IV

REPORTS OF STANDING COMMITTEES

EXECUTIVE COMMITTEE

Executive Group

Charles A. Dukes, Chairman
 Harry H. Wilson, President.
 Henry S. Rogers, President-Elect.
 Charles A. Dukes, Past President.
 Lowell S. Goin, Speaker, House of Delegates.
 Philip K. Gilman, Chairman of the Council.
 John W. Cline, Chairman, Auditing Committee.
 Donald Cass, Chairman, Committee on Public Relations.
 George H. Kress, Secretary-Treasurer and Editor.

To the President and the House of Delegates:

Meetings of the Executive Committee have been held on June 29, 1940; September 15, 1940; October 21, 1940; December 13, 1940; and January 26, 1941.

Abstracts of the minutes of these meetings have been published in CALIFORNIA AND WESTERN MEDICINE. I would like to express at this time, as I retire from the Council, my appreciation of the honor and confidence you have placed in me.

The California Medical Association is made up of a great group of men and women, and this is known all over these United States.

Respectfully submitted,

Charles A. Dukes, *Chairman.*

AUDITING COMMITTEE

Executive Group

John W. Cline, Chairman, 1941
 Elbridge J. Best, 1941 Charles A. Dukes, 1941

To the President and the House of Delegates:

The Auditing Committee has performed the functions laid down in the by-laws. The professional audit of the Association books showed them to have been accurately kept. The Auditing Committee has submitted its recommendations for the 1942 budget.

Respectfully submitted,

John W. Cline, *Chairman.*

COMMITTEE ON ASSOCIATED SOCIETIES AND TECHNICAL GROUPS

Executive Group

John V. Barrow, Chairman, 1943
 Edwin L. Bruck, 1941 Willard H. Newman, 1942

To the President and the House of Delegates:

Much of our committee functions and status remains as it was a half-dozen years ago.

We are three in number, from widely separated areas. It has been impractical to meet and carry on any concentrated efforts. Each member accepts his own assignment and endeavors to function as his opportunity permits. The Committee has and can have no initiative. It must wait for orders from the State Council. Repeatedly we have aided and advised with the Woman's Auxiliary, the Nurses' Association, and the technician groups. We remain at the service and the order of the Council.

Respectfully submitted,

John V. Barrow, *Chairman.*

COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

Executive Group

Roy E. Thomas, Chairman, 1941
 William Dock, 1942 J. C. Geiger, 1943

To the President and the House of Delegates:

The members of the Committee on Health and Public Instruction have held no regular meeting during the past

year, and the Council has not referred any matters for special study. One investigation that was taken up by the Committee was later assumed by the Council, so that the Standing Committee was relieved of further responsibility.

Respectfully submitted,

Roy E. Thomas, *Chairman.*

COMMITTEE ON HISTORY AND OBITUARIES

Executive Group

Frank R. Makinson, Chairman, 1941
 J. Marion Read, 1942 Secretary ex officio
 Hyman Miller, 1943 Editor ex officio

To the President and the House of Delegates:

The Committee on History and Obituaries regrets that it is not able to report much progress as regards the collection and compilation of historical data bearing upon the past of the California Medical Association and its component societies. The fact that our State Association, approaching now almost a century of existence, possesses so little information concerning its past is not to the credit of so prominent a constituent state unit of organized medicine as is the California Medical Association.

If historical studies are to be made, it will be necessary for the Council to allocate funds for such purpose. Your committee believes it would be a very proper procedure if the Council would earmark a certain sum each year that could be used at the discretion of the Committee on History and Obituaries in the collection of historical memorabilia. If that were done, the work of compilation of at least a skeleton history of the California Medical Association could be started.

The Committee was happy to note in the report on the reallocation of duties of the two headquarters' secretaries that to the Association's Secretary had been allocated, as one of his special activities, the collection and compilation of historical material. To permit him to function in that capacity, however, it will be necessary to make funds available to the Committee on History, and it is recommended that such an appropriation be made. Those who come after us will probably cast severe criticism on us if we fail to initiate these historical studies.

During last year, a total of seventy-eight members of the California Medical Association gave up their earthly labors. In each issue of the OFFICIAL JOURNAL, the names of those of our colleagues who have passed on to other labors have been given, and your committee, to their memory, again adds to this report their names.

Respectfully submitted,

Frank R. Makinson, *Chairman.*

In Memoriam

Alameda County

Lemuel P. Adams (October 27, 1940)
 Herbert Clarence Bolstad (June 29, 1940)
 Silas J. Brimhall (January 30, 1940)
 Austin Fisher Clarke (August 18, 1940)
 Arthur Wellesley Foshay (January 13, 1940)
 Charles Espy Mordoff (May 7, 1940)
 Francis Marion Shook (December 27, 1940)

Butte-Glenn County

Percy Lee Hamilton (May 9, 1940)

Fresno County

John Hibbard Pettis (January 28, 1940)
 Roland B. Tupper (October 30, 1940)

Kings County

Elmer C. Bond (July 8, 1940)

Los Angeles County

Frank C. Ainley (March 16, 1940)
 Harvey Alfred Berkes (October 30, 1940)
 De Witt Clinton Bryant (July 1, 1940)

Ernest Madison Burns (August 20, 1940)
 George Merriman Burrall (January 14, 1940)
 George E. Campbell (February 14, 1940)
 Guy Hunt Cochran (October 7, 1940)
 William Cole (July 9, 1940)
 Joseph D. Condit (July 5, 1940)
 Clarence Sylvester Cook (May 8, 1940)
 Philip Schuyler Doane (April 27, 1940)
 • Vernon Offutt Heddens (December 11, 1940)
 Fred Lamerton Horton (December 25, 1940)
 Walter Leslie Huggins (April 18, 1940)
 George Frederick Juenemann (December 10, 1940)
 Henry I. Leviton (November 11, 1940)
 Sven Richard Lokrantz (March 11, 1940)
 Edward Nelson McKee (December 22, 1940)
 Robert Warren Miller (August 6, 1940)
 Albert William Moore (January 20, 1940)
 Homer G. Rosenberger (August 15, 1940)
 Ihil Rubinstein (September 2, 1940)
 Walter B. Schwuchow (September 3, 1940)
 Alfred James Scott, Jr. (April 17, 1940)
 Leon Shulman (September 14, 1940)
 Donald Wallace Skeel (October 11, 1940)
 Frederick A. Speik (June 30, 1940)
 Harry Douglas Thompson (July 3, 1940)
 Howard L. Updegraff (August 8, 1940)
 Hyman Israel Vener (May 23, 1940)
 Allan M. Wilkinson (February 1, 1940)

Merced County

William Sullivan (September 3, 1940)

Napa County

Edward C. Love (January 18, 1940)

Orange County

Danforth C. Cowles (August 28, 1940)

Sacramento County

John Herbert Leimbach (December 1, 1940)

San Bernardino County

Everett A. MacDonald (August 3, 1940)
 Henry Wiedow (December 17, 1940)

San Diego County

Martin Flaherty Bancroft (March 11, 1940)
 Henry A. Barclay (January 24, 1940)
 John E. Jennison (August 19, 1940)
 George Barrow Worthington (August 12, 1940)

San Francisco County

Walter Whitney Boardman (February 11, 1940)
 Adelaide Brown (July 29, 1940)
 Philip K. Brown (October 28, 1940)
 Louis C. Deane (October 17, 1940)
 Herman V. Hoffman (November 16, 1940)
 Sol Hyman (March 14, 1940)
 Robert F. Kile (January 31, 1940)
 Laurence Taussig (February 11, 1940)
 Robert Beverly Taylor (September 15, 1940)
 Tilton E. Tillman (December 5, 1940)

San Joaquin County

Ernest L. Blackmun (March 3, 1940)
 William W. Fitzgerald (July 7, 1940)
 Edmund Frost (July 26, 1940)
 Barton Jerome Powell (January 15, 1940)

San Mateo County

Aaron Friedman (November 29, 1940)

Santa Barbara County

Nathaniel H. Brush (October 21, 1940)

Santa Clara County

Clyde Benson Conger (December 18, 1940)
 Norbert Joseph Gottbrath (June 20, 1940)
 David N. Roberg (February 20, 1940)
 Fred Short Ryan (December 1, 1940)
 James Ward Slattery (January 19, 1940)

Shasta County

Harold Rowland Whiteside (September 8, 1940)

Tehama County

Ernest E. Thompson (July 19, 1940)

Tulare County

Roy Newton Fuller (December 15, 1940)
 Ward Clifton Zeller (September 26, 1940)

Yuba-Cutter-Colusa County

Ney M. Salter (April 13, 1940)

COMMITTEE ON HOSPITALS, DISPENSARIES, AND CLINICS**Executive Group**

J. Norman O'Neill, Chairman, 1942
 George I. Dawson, 1941 Benjamin W. Black, 1943

To the President and the House of Delegates:

IS LOS ANGELES UNDERHOSPITALIZED?

From a study of the following figures it would appear that Los Angeles is facing a shortage of beds in approved private hospitals.

I. Population Growth**City of Los Angeles**

Year	Population
1930	1,238,048
1940	1,504,277

County of Los Angeles

1930	2,208,492
1940	2,785,643

II. Number of Beds in Approved Private Hospitals

Year	Beds
1930	2,882
1940	3,032

One hundred and fifty additional beds to take care of the additional three hundred thousand people who have come to the city of Los Angeles between the years 1930 and 1940 seems hardly adequate. There are many sections in California, particularly in the South, that are faced with an acute shortage of beds in approved private hospitals. This condition is particularly acute in Los Angeles, Burbank, Huntington Park, and San Diego. Such a situation has been brought on by the following factors:

1. The rapid growth of this territory and, in certain sections, the Defense Program.

2. In Los Angeles there has been no major construction, in so far as private approved hospitals are concerned, since 1930.

3. Private hospital facilities have become available to more people because of the increase in group hospitalization.

What shall hospitals do about this condition? Hospital authorities might answer by saying: "What is the *public* going to do about it?"

Twenty years ago Los Angeles faced a similar situation. Many hospitals were private stock corporations, and people were just becoming cognizant of the fact that these hospitals should be nonprofit community enterprises. Through the coöperation of the churches and the public, many transitions were made from private to church or nonprofit ownership. It was the power of public opinion and the press which served as an impetus for new modern hospital facilities, and a great cry went out against the many fire-trap hazards of existing institutions. Hospitals under this public pressure secured loans either by mortgages or bond issues and built adequate facilities.

Today we are faced with a similar situation from the standpoint of an inadequate number of beds. However, the economic picture is very much different. Hospitals can no longer be financed on borrowed money. What, then, is the solution? It would seem that the solution is for the public to furnish the funds. They are the ones benefited by adequate hospital facilities and, if the funds are furnished, the burden will not be upon the sick people to pay interest and sinking funds on loans. Older Eastern communities learned this lesson years ago, and citizens were educated to support their hospitals by gifts for construction and endowments so that hospitalization could be furnished with less expense to the sick.

Los Angeles, as a young rapidly growing community, is probably just now growing old enough to realize that during the years of optimism, promotion, and rapid growth, it never considered seriously its vital community needs. Therefore, the answer to adequate hospitalization would seem to be for the hospitals, the press, and the public to join in an educational campaign so that the growth of Los

Angeles will return to the community that which is rightfully due the community, namely, adequately financed and endowed nonprofit hospitals. When this comes to pass there will not again be heard, as were heard in the twenties, the cries of those whose loved ones died because of inadequate hospitalization.

If for none other than selfish reasons, the medical profession should take heed lest the public and the press insist on some other method of furnishing hospitalization. This would probably be done by municipal or other governmental agencies. The end-result would be detrimental to both the public and the progress of scientific medicine, because scientific medicine was in a better position to withstand criticism in the twenties since state medicine was then two decades farther away.

A study of inadequate hospitalization incites practical questions from practical people, and the author here states a few questions that have been put to him. "Are we really underhospitalized?" "Is not our Defense Program vastly more important now than building more private hospitals?" "Would not our present supply of hospital beds be adequate if doctors used them intelligently?" "Are there not many patients hospitalized who could just as well be cared for in the homes?" "What percentage of hospital beds are taken up by medical cases?" "Does not one of America's foremost obstetrician's state that the majority of obstetrics can be done in the home?" "Is it not true that Dr. X, who is a prominent internist, hospitalizes most of his patients to avoid the inconvenience of making house calls?" "Have we not oversold the public on the idea of hospitalization merely for our own convenience?" And by the same token the author has been asked whether or not a pneumonia patient does not need hospitalization as badly as a patient with acute appendicitis. One of our leading internists says "No." He states that a pneumonia patient can be as successfully treated in the home as in the hospital, while no one expects a surgeon to perform an appendectomy on the kitchen table. It might be interesting to note that a survey of private hospitals indicates that approximately 25 per cent of adult patients admitted in any one year are medical cases.

Inasmuch as hospitals as a whole are not profitable institutions and, therefore, hesitate to increase their burden of indebtedness by enlarging their facilities, it would seem that more coöperation should be encouraged between private hospitals and approved convalescent homes. Patients would then be able to shorten their hospital stay by being transferred to a convalescent home to make room for other patients awaiting hospitalization. It would seem that such an arrangement would go a long way toward relieving the present shortage of hospital beds.

Respectfully submitted,

J. Norman O'Neill, *Chairman.*

COMMITTEE ON INDUSTRIAL PRACTICE

Executive Group

Donald Cass, Chairman, 1942

Morton R. Gibbons, 1941

George H. Sanderson, 1943

To the President and the House of Delegates:

Our committee has had no formal meetings this year. There has been no major problem to be discussed.

We were suddenly acquainted with a proposed legislative enactment suggested by the Industrial Accident Commission, whereby, under the Compensation Act, hospital records would be thrown open and available to persons injured and to those representing injured employees. Inasmuch as this would permit meddling and prying into hospital records by lay people, and provide an opening for unscrupulous attorneys to try to promote legal controversy, and whereas the Industrial Accident Commission already provides for subpoena of hospital records that are desired and pertinent on a case, we were able to have this

proposed legislation headed off and discarded. This was done mainly through our San Francisco office and Dr. Morton Gibbons.

There has been some correspondence relative to physical examinations in industry and in industrial schools. Blank forms have been sent to provide suitable physical examination, as well as to those who are about to undertake various types of industrial work in order to prevent the physically handicapped from attempting types of employment for which they are not sufficiently qualified.

The subject of a complete schedule of fees for compensation work was discussed with the Industrial Accident Commission, and further discussion will be continued on this subject.

Controversies relative to fees to be paid on industrial cases have arisen during the year, but they have all been ironed out.

Respectfully submitted,

Donald Cass, *Chairman.*

COMMITTEE ON MEDICAL DEFENSE

Executive Group

George G. Reinle, Chairman, 1941

William J. Van Den Berg, 1942

Lewis T. Bullock, 1943

To the President and the House of Delegates:

Your Committee on Medical Defense can only emphasize principles and procedures that have been discussed in considerable detail in reports of previous years.

Attention may be called to the value of the pamphlet "A Brochure on Medical Defense," which was brought off the press under the auspices of the Committee on Public Relations last year. A copy of the thirty-page brochure was mailed to every member of the California Medical Association. A reserve supply is on hand in the headquarters' office of the Association, and members who desire copies may secure the same by writing to the headquarters' office at 450 Sutter Street, San Francisco.

In that brochure, a form of amendment to county society by-laws was suggested, providing for the appointment of a Committee on Grievances. The Committee on Medical Defense is impressed with the valuable work which a Grievance Committee can perform, and as an example points to the excellent record made in recent years by such committees of the Los Angeles and Alameda Medical Associations.

The precautions which every physician and surgeon should observe in practice, as outlined in the brochure, are worthy of perusal, not once, but as many times as may be needed, to practically memorize the essential procedures. Forewarned is better forearmed.

Your Committee on Medical Defense shares with members of the Association regret that commercial insurance carriers in California have found it necessary to increase premium costs year after year, while at the same time the amount of coverage is materially reduced. The explanation put forward by the commercial insurance carriers is that the adverse judgments by courts and juries make such high premium rates necessary, if they are to remain in business in California. At the present time, only one or two commercial insurance carriers are operating in a large way in our state. A considerable number of members who desire additional coverage have been obliged to secure the same through a foreign, or so-called surplus line company. It is important, if such surplus line certificates are purchased, that what is known as the "broad form" be demanded by physicians.

Attention may also be called to the organization maintained by members of the California Medical Association under the name, "Medical Society of the State of California," through which payments may be secured from that organization to cover charges made by personal attorneys. In past years, members who have been affiliated with

the "Medical Society of the State of California" have found the advantages of membership in this separate organization to be more than worth while.

In conclusion, the Committee on Medical Defense would urge every component county society to give careful consideration to the important problems and issues which are involved in malpractice actions brought against physicians and surgeons. Let us not forget that in this field of medical practice "an ounce of prevention may be worth a pound of cure."

Respectfully submitted,
George G. Reinle, *Chairman*.

COMMITTEE ON MEDICAL ECONOMICS Executive Group

John H. Graves, Chairman, 1941
L. W. Hines, 1942 Edward C. Palette, 1943

To the President and the House of Delegates:

At the present time, problems in medical economics concern medical practice more than ever before, as witness the recurring and persistent attempts to promote compulsory health insurance and similar legislative expressions.

Important problems in medical economics are receiving constant and careful attention by the Council of the California Medical Association. The members of the Committee on Medical Economics maintain a special interest in such problems and, when occasions indicate, we communicate with the headquarters' office.

This committee would impress upon the county societies that at least once a year, and if necessary more often, opportunity should be provided at county medical meetings for a discussion of pertinent issues that are related to medical economics. Only through unified outlook and procedures will it be possible for the medical profession to solve some of these problems. If proper attention is not given to these matters, it is quite within the realm of possibility that serious changes in methods of medical practice may take place.

Respectfully submitted,
John H. Graves, *Chairman*.

COMMITTEE ON MEDICAL EDUCATION AND MEDICAL INSTITUTIONS Executive Group

L. R. Chandler, Chairman, 1942
B. O. Raulston, 1941 Fred H. Kruse, 1943

To the President and the House of Delegates:

Your Committee on Medical Education and Medical Institutions has had no special business referred to it and has held no meetings during the present fiscal year.

Respectfully submitted,
L. R. Chandler, *Chairman*.

COMMITTEE ON MEMBERSHIP AND ORGANIZATION Executive Group

George D. Maner, Chairman, 1941
Dewey R. Powell, 1942 A. J. Cooper, 1943

To the President and the House of Delegates:

Your committee notes with pride the efforts being made by the county units to bring into membership all eligible physicians in their respective territories. It will be necessary more than ever to continue these efforts in the future in view of the loss of members called to active military service.

The total active membership of the California Medical Association as of December 31, 1940, was 6,621.

See secretary's report for detailed information on members.

Respectfully submitted,
George D. Maner, *Chairman*.

COMMITTEE ON POSTGRADUATE ACTIVITIES

Executive Group

Dwight L. Wilbur, Chairman, 1943
F. E. Clough, 1941 H. E. Henderson, 1942
Secretary ex officio

To the President and the House of Delegates:

The objectives and program of the committee and the requirements set up for a successful conference as noted in the report of last year are unchanged. Attention should be called to the importance of an aggressive and understanding chairman of local arrangements in the establishment of a successful clinical conference. In those counties in which successful clinical conferences are held each year, the success of them is due principally to the energy and interest of a single individual who has constantly stimulated them.

During the past year clinical conferences or discussions, under the auspices of the committee, have been held for sixteen county societies. In addition to this, and for the first time there was held a clinical conference for the Eighth Councilor District at Lake Tahoe on August 25 and 26, 1940. Attention also should be called to a two-day symposium in military medicine which was held at Coronado on February 1 and 2, 1941, with the coöperation of the San Diego County Medical Society and of officers of the Army and the Navy.

In addition to conferences regularly sponsored by the committee or by county or district medical societies, attention should be directed to certain other special opportunities for postgraduate training offered to members of the California Medical Association by the medical schools of the state, by the California State Board of Public Health, and by the San Francisco Heart Committee. These include:

1. Courses for general practitioners: Various Aspects of Chronic Diseases, June 3 to 6, 1940, given at the University of California Hospital.

2. Postgraduate medical courses for practicing physicians, given by the Stanford University School of Medicine, September 9 to 13, 1940, at the Stanford Medical School, in coöperation with the San Francisco Department of Public Health and the San Francisco Hospital.

3. Postgraduate refresher courses in pediatrics and obstetrics, sponsored by the California State Department of Public Health (Social Security Act), and under the auspices of the University of California Medical School, July 8 to 20, pediatrics; July 22 to 27, obstetrics; July 29 to August 10, pediatrics. Additional courses have been planned for a subsequent period.

4. Eleventh annual postgraduate symposium: San Francisco Heart Committee, San Francisco, November 26 to 29.

5. Courses for general practitioners: The Clinical Aspects of Dermatology, University of California Medical School, January 6 to 8, 1941.

It is earnestly hoped that these opportunities for postgraduate instruction will be continued and that they will receive increasing support by members of the California Medical Association.

The following conferences have been held since the date of the last report:

<i>County Society</i>	<i>Place</i>	<i>Date</i>	<i>Type of Meeting</i>
	1940		
Humboldt	Eureka	Mar. 14, 15	Clinical Conference
Eighth Councilor District	Lake Tahoe Tavern	Aug. 24, 25	Clinical Conference
Monterey }	Salinas	Oct. 3	Clinical Conference
Santa Cruz }	and Hotel		
San Benito }	Del Monte		
San Joaquin	Stockton	Oct. 17, 24, 31	Lecture Series
		Nov. 14, 28	
		Dec. 19	

1941			
San Diego	Coronado	Feb. 1, 2	Symposium on Military Medicine
Fresno	Fresno	Mar. 12	Clinical Conference
Shasta	Redding	Mar. 9	Clinical Conference
Riverside	Riverside	Mar. 10	Clinical Conference
Santa Barbara	Santa Barbara	Mar. 29	Clinical Conference
San Bernardino	San Bernardino	April 1	Clinical Conference
Orange	Anaheim	Feb. 20	Clinical Conference
Santa Barbara	Santa Barbara	Mar. 29	Clinical Conference

Respectfully submitted,

Dwight L. Wilbur, *Chairman*.

COMMITTEE ON PUBLICATIONS

Executive Group

Francis E. Toomey, *Chairman*, 1942

A. A. Alexander, 1941
Secretary ex officio

George W. Walker, 1943
Editor ex officio

To the President and the House of Delegates:

Your committee wishes to report as follows:

A comparative study of medical journals and publications causes us to state that CALIFORNIA AND WESTERN MEDICINE ranks among the best of its type.

The editorial policy has been conservative, and yet progressive.

Due consideration has been given to the fact that the great majority of the members of the California Medical Association are general practitioners; hence, the average paper published has been chosen for its value to the members as a whole.

Papers which have been presented by guest speakers before the annual meeting are automatically considered eligible for publication.

All articles published are given careful consideration by the Committee on Publications, and suggestions are offered the editor regarding the same.

Many papers are, of necessity, returned to the authors unpublished. Suggestions that said papers be published elsewhere—as, in a specialty journal—are often offered.

The editorial policy also includes an effort to print informative matter in order that the membership may be adequately acquainted with issues, both economic and political.

Due consideration must be given to the fact that all papers published are double checked: First, by the heads of the various sections; and, second, by your editor and this committee.

Advertising has been held in keeping with the dignity of the publication.

Suggestion: That the Committee on Publications meet at least quarterly, and that said meetings be called by the editor on dates which have been prearranged.

Conclusion: This committee wishes to commend the editor of CALIFORNIA AND WESTERN MEDICINE. We have always found him to be sincerely coöperative and understanding.

Respectfully submitted,

F. E. Toomey, *Chairman*.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

Executive Group

Dwight H. Murray, *Chairman*, 1941

Anthony B. Diepenbrock, 1942 President ex officio

E. T. Remmen, 1943 President-Elect ex officio

To the President and the House of Delegates:

When Dr. Junius B. Harris of Sacramento, who for so many years was the chairman of the California Medical Association Committee on Public Policy and Legislation,

sent word that his other responsibilities would make it impossible for him to continue to supervise the legislative activities of the California Medical Association, the writer, with other members of the State Association, had serious misgivings as to how the work would be carried on, and when the Council informed the undersigned that he had been appointed chairman of this important committee to succeed Doctor Harris, these doubts were in no way lessened.

In taking up this new work, the present chairman of the Committee on Public Policy and Legislation was glad to learn that Doctor Harris would be able to continue as the chairman of the Advisory Board to this committee, because it meant that, with his advice, serious mistakes in procedure could probably be avoided.

Since the California Legislature is now in session and will continue so for one, two, or more months, little more than a tentative report on the status of certain measures in which members of the medical profession have special interest will be here submitted. Additional information will be given by the Committee at the annual session, which will convene in Del Monte on Monday, May 5.

Your committee is deeply appreciative of the splendid aid which has been given by component county societies, key and other members of the Association, and asks for the continued coöperation of all who have given such splendid service in the past.

The Committee desires to emphasize how important it is that county medical societies and members of component county units should not give collective or individual approval to proposed legislative measures, unless the California Medical Association Committee on Legislation has been first consulted through the headquarters office, to learn whether such endorsements may be in harmony with prospective procedures.

The comments which follow concerning some of the Senate and Assembly bills must be considered as of a tentative nature and are here given in order to permit interested members of the Association to visualize for themselves the status of certain measures:

We are happy to report that, with one exception, all measures in which members are particularly interested are progressing satisfactorily.

The exception is Senate Bill 488, the "Humane Pound Act," sponsored by the California Medical Association. This was given a prolonged hearing before the Senate Committee on Public Health and Safety on March 18, and then tabled by the Committee in executive session. Arguments in favor of the bill were ably presented by representatives from the California Medical Association. Opponents were there in numbers, including Hollywood movie actors. Much of the opposition appeared to come from persons who were definitely antivivisectionists, although they tried hard to mask that portion of their identity.

As a result of this hearing, Assembly Bill 920, definitely an antivivisection measure, appears to be dead. We have been advised that its sponsors do not propose to press it for passage in this session of the Legislature.

Board of Medical Examiners Bills.—A series of bills sponsored by the Board of Medical Examiners, have passed the Assembly and are now before Senate committees. These include Assembly Bills 502, 504, and 505. Details will be found in *The Guardian*.

Foreign Graduates.—Two bills of great interest to the medical profession and which deal with the foreign graduate situation, have been given approval by the Assembly Committee on Medical and Dental Laws and are now before the Assembly for vote.

These are Assembly Bill 503, by Assemblyman Cronin, sponsored by the Board of Medical Examiners, and Assembly Bill 1475, by Assemblyman Pfaff, sponsored by the California Medical Association. The former bill limits the points of credit for years of practice (in taking exami-

nations for license) to 10, and provides those years of practice must have been in the United States or Canada.

Assembly Bill 1475 is a reciprocity bill providing that foreign graduates applying for examination must show that an American will be admitted to examination in the country from which the foreign graduate comes, on the same basis that the foreign graduate is admitted to examination in California.

Compensation Bills.—There has been no action on the various bills to amend the Workmen's Compensation Act. These bills include provisions for free choice of physician; right to make copies of all medical and hospital records; permit chiropractors and drugless physicians to treat compensation cases, etc. All bills are still in committee.

Dentistry.—Assembly Bill 1148, relating to absence of pupils from school for dental services, and sponsored by the two State Dental Associations, passed the Assembly on Monday, after a long and rather bitter debate.

The bill is now before the Senate Committee on Education, where representatives of the Department of Education and the Teachers' Associations will again oppose it.

Emergency Vehicles.—Assembly Bill 690, giving vehicles of physicians answering emergency calls the privileges of emergency vehicles, and which was sponsored by the California Medical Association, was given a preliminary hearing on Tuesday before the Assembly Committee on Motor Vehicles. It is being amended to meet objections that were raised in the committee and will be given a further hearing at a later date.

County Hospitals.—Assembly Bill 1037, the "county hospital bill," has been amended by the author, Assemblyman McCollister, and will be given a committee hearing on April 2. Committee tabled the bill.

Health Insurance.—Senate Bill 645, the compulsory health insurance bill, was scheduled for committee hearing on April 2. Senator Kenny, author of the bill has already had this bill tabled.

Drugless Physicians.—Assembly Bill 1854, giving drugless physicians the right to make premarital examinations, was given a committee hearing but failed to receive approval.

Optometry.—Senate Bill 1125, authorizing city councils and county boards of supervisors to employ optometrists, was tabled by the Senate Committee on Public Health and Safety on March 25.

Pharmacy.—Senate Bill 428, sponsored by the Retail Druggists' Association and the State Board of Pharmacy, which virtually rewrites the Pharmacy Act, will be given committee hearing on April 3.

Injuries at Birth.—Senate Bill 302, mentioned in a previous bulletin, was given a "do pass" recommendation by the Assembly Judiciary Committee, by the narrow margin of one vote. It is now on the floor of the Assembly for vote, where considerable opposition is being manifested.

Practical Nursing.—At the Friday morning meeting of the Assembly Committee on Medical and Dental Laws, Assembly Bill 1426, sponsored by practical nursing groups and schools, was tabled. The committee gave favorable recommendation to Assembly Bill 1915, sponsored by the California State Nurses' Association. None of the other bills pending before this committee were considered, due to lack of time.

California Physicians' Service.—Three bills introduced, Assembly Bills 562, 563, and 2148. The first numbered has passed both houses of the Legislature. Assembly Bill 563 is now up for hearings, and Assembly Bill 2148 will not be pushed if the other two are passed.

Naturopathy.—Since the enclosed bulletin was written, the Senate Committee on Business and Professions has sent to the floor of the Senate for vote, Senate Bill 977, by Senator Swan of Sacramento. This is the same old "Naturopathic Board Act," which has been repeatedly

rejected by the Legislature and was decisively defeated by vote of the people as an initiative.

This bill is not sponsored by Naturopaths but by another group of cultist practitioners who seek to gain by legislation many of the rights and privileges of Doctors of Medicine. It is unnecessary by reason of the fact that drugless practitioners who fit themselves by required study are now eligible to examination for license by the State Board of Medical Examiners.

It would permit these people by law (not by education) to use "herbs" (drugs) in treating the sick and afflicted; to diagnose all human ailments; use the term "N. D.," and have within the scope of their license the same rights and privileges under laws relating to public health as are accorded all practicing physicians. The bill sets up *on paper* an elaborate course of instruction totaling 4,050 hours, including obstetrics, among other subjects. The Chairman also wishes to express his appreciation for the helpful guidance of Dr. J. B. Harris, and the kindly assistance of Dr. Anthony B. Diepenbrock and Dr. Edward T. Remmen. Thanks are also due to the California Public Health League and its secretary, Mr. Ben Read, for efficient aid.

In conclusion, and as already stated, the Committee on Public Policy and Legislation desires to express its deep appreciation for past coöperation and to ask the continued support of all members of the profession.

Respectfully submitted,

DWIGHT H. MURRAY, *Chairman.*

COMMITTEE ON PUBLIC RELATIONS

Donald Cass, Chairman

Roy E. Thomas, Chairman, Committee on Health and Public Instruction.
J. Norman O'Neill, Chairman, Committee on Hospitals, Dispensaries, Clinics.
Donald Cass, Chairman, Committee on Industrial Practice.
George G. Reinle, Chairman, Committee on Medical Defense.
George D. Maner, Chairman, Committee on Membership and Organization.
John H. Graves, Chairman, Committee on Medical Economics.
Dwight H. Murray, Chairman, Committee on Public Policy and Legislation.
Charles A. Dukes, Chairman, Cancer Commission.
Dwight L. Wilbur, Chairman, Committee on Postgraduate Activities.
Harry H. Wilson, President of California Medical Association.
Henry S. Rogers, President-Elect.
George H. Kress, Secretary.

To the President and the House of Delegates:

The Committee on Public Relations had only one formal meeting during the past year. At that time considerable work was outlined, and the detail of follow-up work has been done mainly by correspondence.

The major function of the committee has been to correlate various interested groups and to arrange details of the final draft of the Basic Science Initiative. We have had excellent coöperation and help from the Dental Association, and the Committee on Public Relations wishes to thank Dr. Ernest Sloman for his very intelligent coöperation and help.

The Basic Science Initiative is, we feel, in its present state far superior to any similar initiative that has been proposed or put into effect in any other state. Every individual word and item in our proposed initiative has been carefully scrutinized and discussed by the committee and by our legal counsel. It contains material which will, when passed, assure the public of the State of California that anyone who practices the healing art in any form will be an intelligent person with a ground work of those basic sciences which are necessary to a beginner's knowledge in human physiology and anatomy.

Needless to say, we are rather proud of our efforts. The draft has been accepted by the Council, and from now on

the Committee on Public Health Education will set the wheels in motion to actively accumulate signatures on petitions so as to get this on the ballot at the earliest possible time and with the least expense that can be incurred.

The Committee on Public Relations has been active in detail work. A consideration of the subject of expert testimony and expert witnesses has been undertaken. We have found that the Bar Association of the State of California, as well as the United States Bar Association, is at the present time working to re-code laws of evidence and testimony and court procedure. The subject of expert testimony, where it covers not only medical testimony, but the testimony of other types of experts, has been thoroughly investigated, and we know that we shall be able to cooperate with the local Bar Association and obtain some instructive information relative to the use of expert witnesses in both criminal and civil procedures.

As chairman of the Committee on Public Relations, I feel that I would be remiss if I did not urge that this committee be continued. The public relations activity of the California Medical Association has been considerably enlarged; details worked out by the Committee on Public Health Education have been very profitable; and working as an advisory group to the Council and Executive Committee of the California Medical Association, the Committee on Public Relations is a strong entity, representing as it does a cross-section of the entire Association that has been used in the past and can be used in the future as one of our strongest working committees.

It has been a pleasure, as chairman of this committee, to have been a member of the Council for the past year and also of the Executive Committee of the California Medical Association. So much instructive, far-reaching progress has been made in our public relations through Public Relations counsel, through the head office of the California Medical Association, and through a program designed to bring public relations of the State Society into closer contact with our National Defense Program, that we feel time will indicate this committee's functions to be a very important integral part of the central office of the California Medical Association.

Respectfully submitted,

Donald Cass, *Chairman*.

CANCER COMMISSION

Executive Group

Charles A. Dukes, Chairman, 1943

Lyell C. Kinney, Vice-Chairman, 1943

Otto H. Pflueger, Secretary, 1943

Orville N. Meland, 1941

Gertrude Moore, 1941

A. Herman Zeller, 1941

Alson R. Kilgore, 1942

Henry J. Ullmann, 1942

Clarence J. Berne, Secretary for Southern Section, 1942

To the President and the House of Delegates:

The Cancer Commission wishes to report concerning two activities:

1. The Women's Field Army of the American Society for the Control of Cancer is a national organization of women whose main purpose is to raise funds for public educational work in cancer. Each year in April, designated as "Cancer Control Month," there is a drive for funds. New members are solicited on the payment of one dollar for membership, and larger and smaller donations are also solicited. These funds up to the present have been used for lay educational work, and 70 per cent of the funds so raised are expended in the locality in which they are obtained, the rest going to the national organization. At the request of the officers of this organization, members of the Cancer Commission are acting this year as an Executive Committee for California. Excellent organization work is being done under the leadership of Mrs. Henry Ullmann, Santa Barbara, as state commander. The place

of the medical man in this program is twofold. First, all talks to lay audiences must be given by medical men only, and, in so far as possible, by members of the local county medical society unless otherwise desired, in which case the local society should invite other medical speakers. In the second place, it behooves each practitioner to be always alert concerning the possibility of cancer so that it may be diagnosed in its earliest stages. This program very definitely has brought many more people to the doctor in the earlier stages of cancer. The Cancer Commission, therefore, supports this program and asks that all local societies cooperate, in so far as possible, in this program, since they will be called upon to help in organization work and in presentation of facts to the public.

2. Clinical activities. The Cancer Commission continues to sponsor annual meetings on the Sunday before the State meeting. Three meetings were sponsored at Coronado at the last State meeting, all being very well attended. The clinical session on cancer, which is a comparatively new project, was especially well attended, for which we must pay tribute to the members of the Commission in the South and their Committee on Arrangements. We should like to inform everyone that the cost of sending a separate invitation to each member of the County Medical Association was paid by these men, and their interest is, therefore, apparent. An all-day meeting was also held in Los Angeles, in December, for pathologists.

Three meetings are again being sponsored for Del Monte—the meeting for pathologists, radiologists, and the clinical session. The first two are for specialists, the last for all others who desire to attend. Since the early diagnosis of cancer and consequent curability depends, in the main, upon the practitioner who first sees the patient, it behooves each one of us to be as fully aware as possible of the early signs and symptoms of cancer and to consider it in all differential diagnosis. The clinical session this year is from 1 to 5 p. m., and will be on "Cancer of the Lung," presenting mainly early signs and symptoms, diagnosis, differential diagnosis, and pathology. This program is being arranged by very prominent men in this field, and it is hoped that a large number will avail themselves of this excellent opportunity. We trust, too, the radiologists will combine their afternoon session with that of this meeting, as we are especially anxious that this meeting be very well attended. We would appreciate that the secretaries of the county medical societies, if possible, would inform the Secretary of the Cancer Commission of the approximate numbers that may attend from each society so that we may have some idea of the arrangements that will have to be made.

Respectfully submitted,

Otto H. Pflueger, *Secretary*.

V

REPORTS OF SPECIAL AND COUNCIL COMMITTEES

COMMITTEE ON LOCAL ARRANGEMENTS*

Executive Group

Mast Wolfson, Chairman

R. E. Brown
G. Gray

H. R. Lusignan
O. C. Marshall

H. H. Ray

To the President and the House of Delegates:

Your committee welcomes you to the Circle of Enchantment, where beauty abounds.

The golf courses will be in perfect condition for the tournament in May. All those interested in golf should bring along their clubs and enjoy playing on any or all of the four noted championship courses on the Monterey Peninsula. Par can be beaten!

* For other information concerning entertainment, see page 178.

Catchy strains of music at tea time will be played in the new lounge. After dinner, dancing will be specially featured this year. Here you can try out your art in any of the old-time or new modern dances.

For those who like deep-sea fishing, we can assure you it will be better and deeper than ever this year. (We have had some rain, too!) Speed boats, etc., may be had for those who just enjoy boating. Glass-bottom boats are available for those interested in the submarine gardens near by.

Fine tennis courts, ping-pong tables, table tennis, croquet courts, and the Roman Plunge are here for your pleasure and exercise. Please bring your tennis shoes and swimming suits if you go in for these sports. Nearby are new, well-run bowling alleys and skating rinks. There are several areas where one may go on beautiful bridle trails on well-trained saddle horses. At the Gun Club, one may go trap shooting or skeet shooting. There is a range for pistol shooting, too. Here one of the colorful exponents of the art of trap shooting is in charge—Colonel O. N. Ford. Instructors are here for all the sports, if needed.

Art galleries and local artists of national fame can be visited in Carmel and Monterey by those interested.

Polo matches take place on Sunday afternoons at the Del Monte Polo Field.

We trust that your time here will be filled with pleasure, both outdoors and indoors. Many special features have been arranged to accomplish this end.

Respectfully submitted,

Mast Wolfson, *Chairman.*

COMMITTEE ON PUBLIC HEALTH EDUCATION

Executive Group

Frank R. Makinson, *Chairman*

P. K. Gilman

Thomas A. Card

Junius B. Harris

Samuel Ayres, Jr.

Lowell S. Goin

George H. Rohrbacher

Harry H. Wilson (*ex officio*)

To the President and the House of Delegates:

I have the honor of submitting the following report of the activities of the Committee on Public Health Education. Since our last report to you, the Committee has held five meetings, either at the California Medical Association headquarters in San Francisco or in Los Angeles. The meetings have been well attended, and a sincere effort has been made on the part of the Committee to do its job. It has worked in close coöperation with the Committee on Public Policy and Legislation, of which Doctor Murray is chairman. Since the reorganization of the headquarters of the California Medical Association, it was deemed advisable and expedient to discontinue the services of Mr. Ross Marshall, our Public Relations counsel. This work is being very ably taken over and conducted by Mr. Hunton, our new executive secretary. It was felt by all immediately concerned that the work could be well carried on from the California Medical Association headquarters and thereby effect some measure of economy.

There is at this time a genuine demand over the state generally for a syndicated medical column to be put out by this committee. A proposal has been presented to the Council of the California Medical Association for its approval, whereby such a syndicated health column may be offered to the publishers of the state. It is proposed to do this by making Mr. Berl ben Meyr of Los Angeles an employee of the Committee. He seems to possess a native genius for expressing himself accurately from a scientific point of view, yet, in a language which is easily comprehended by the layman. He is the author of "The Story of Microbes," and the celebrated Einstein wrote the introduction of this volume. Professor Kolmer of the Uni-

versity of Pennsylvania, the Chairman of the American Medical Association, and other critical reviewers, have signified their approval of his last volume, "Your Own True Story"; both volumes indicating a wide grasp of the subject of medicine and indicating a proper fitness for this work.

Speaking Engagements.—Beginning in November, 1939, the Committee actively advocated the formation of speakers' bureaus by all county medical associations or the reestablishment of those bureaus which were inactive. The advantages of furnishing doctor-speakers to discuss medical topics of interest to the public, including medical economics and the attempts to regiment medicine, were stressed. A set of fifty medical talks on a variety of subjects was furnished each county association for the use of speakers.

The California Federation of Women's Clubs and California Congress of Parents and Teachers were contacted in all the branches and urged to call upon their local county medical association for speakers. Many speaking engagements resulted from this effort. Some were arranged by the Committee, many more directly by the county associations, but an enumeration of these is impossible as the various secretaries of the speakers' bureaus, with few exceptions, have not reported such speaking engagements to the Committee.

Ascertaining that there were almost one hundred adult forums under the auspices of the adult education classes in evening high schools in California, and that advocates of compulsory medicine were taking advantage of these forums to present their arguments to these groups, the Committee communicated with forum leaders, informing them that it was prepared to send medical speakers who would be glad to participate in discussions on designated subjects. In addition, all secretaries of speakers' bureaus were given lists of the adult education forums so that they could contact them for the purpose of placing speakers before them.

During April of 1940, the Committee mailed to all speakers' bureaus two booklets, "Organized Payments for Medical Services," and "Notebook of Sickness Insurance, State Medicine, and the Cost of Medicinal Care," and copies of the new compulsory medical care initiative that was expected to be placed on the November, 1940, ballot. Early in the year 1940, a survey was made to determine whether or not *Hygeia* was being placed in the libraries of the colleges over the state. Happily, we find that *Hygeia* was on the list of many of them, and it was placed in the remaining libraries at one-half the regular subscription rate. All such subscriptions have again been renewed for 1941.

In December, 1939, the Committee sent to every member of the California Medical Association a return postcard questionnaire to show the organization affiliations of members. This was for the purpose of facilitating the expected campaign against the compulsory medical care initiative. Only slightly more than 1,600 of these cards were returned bearing the desired information, and while this response fell short of expectations, the information received should be of great value in conducting the proposed campaign on behalf of a Basic Science initiative. Incidentally, the information on these cards was requested by the Los Angeles and San Diego counties Medical Associations for use in their speakers' bureaus' programs and was furnished to them.

Medical Literature for College Students.—The Committee received information that students in some colleges apparently did not know the difference between doctors of medicine and various cultist practitioners, in cases listing names of cultist practitioners on their college entrance cards. The Committee secured American Medical Associ-

ation pamphlets on various medical subjects designed to enlighten the readers, and made the literature available to the students at Pomona, Scripps, and Claremont Colleges, the distribution being under the supervision of the college physicians. This distribution started in May, 1940, and the conclusion was reached in November that the results justified a continuation and extension of this work. The Committee, at this time, is arranging to make such pamphlets available to students in other colleges. The University of Southern California has recently been supplied.

Recommending Medical Literature to School and Public Libraries.—A subcommittee was appointed by the Committee to recommend medical literature to school and public libraries, and has carried on this work during the past eighteen months.

High School and Junior College Essay Contest.—In April, 1940, the Committee launched an essay contest, offering cash prizes for students in high schools and junior colleges. The subject selected was "The Role of the Doctor of Medicine in the Life and Health of the American People." This contest was approved by the State Board of Education, and the Principals of these schools and the student bodies of all eligible schools were notified. The contest closed on November 15, 1940. Entries were received from almost every section of the state, and were referred to a subcommittee for judging.

Scenario Contest.—The Committee, in August, 1940, authorized a motion-picture scenario contest, with cash prizes, in order to secure for production a one-reel, portable, sound-motion picture, in which the development and scientific advancement and practical application of the medical profession would be indicated. The purpose was to obtain a picture which could be exhibited over a period of many months before school children, parent-teacher groups, women's clubs, and various men's organizations.

Tuberculosis.—In April, 1940, the Committee, through its public relations counsel, conferred with members of the San Bernardino County Medical Association on ways of handling a tuberculosis cure that was being greatly publicized in that county. We are glad to report that the situation was remedied to the satisfaction of the members of the medical profession.

Newspaper Publicity.—Issuance of newspaper publicity stories on behalf of the medical profession throughout the period from August 1, 1939, to date. This briefly can be summarized as follows:

State-wide story on the word of Doctors of Medicine in the Agricultural Workers' Health and Medical Association program;

Stories of county society activities in postgraduate courses held in San Bernardino, Riverside, Orange, Fresno, and Kern counties;

Stories against compulsory medical care;

Stories on medical subjects;

Stories on the essay and scenario contests;

State-wide stories on development of California Physicians' Service, at intervals during the past eighteen months, and special stories for magazines and house organs;

State-wide and additional San Francisco and Los Angeles stories during March and April, 1940, for the annual fund-raising campaign for the American Society for the Control of Cancer;

Extensive publicity program for the Los Angeles County Medical Association Health Exposition at Shrine Auditorium, material being sent to all newspapers and over the radio in Los Angeles County during December, 1940, and January, 1941;

Publicity for the "Human Eye" exhibit at the Golden Gate International Exposition.

The Public Relations Counsel also handled the press at the annual California Medical Association Convention at Coronado in May, 1940, and a great deal of publicity throughout California resulted, some stories receiving a national distribution.

Contacts with Newspapers Other Than Publicity.—The Public Relations Counsel attended the California Newspaper Publishers' Association's annual convention at Coronado in January, 1940, during which several misunderstandings on the part of publishers regarding the medical profession were clarified, the conference resulting in improved relations between the two professions.

The Public Relations Counsel cleared up a difference of opinion between the Los Angeles County Medical Association and the newspapers of that county in regard to advertising cards, the misunderstanding having existed for three years.

The Committee arranged for representation in the news bulletin devoted to legislative activities that is sent to all newspapers in California. As a result, some good publicity against compulsory medical care was disseminated. This service is being continued in 1941.

California Physicians' Service.—The Public Relations Counsel, during the past eighteen months, gave publicity service to the California Physicians' Service when requested, without interfering with his obligations to the California Medical Association. In addition to stories, he worked with national magazines, endeavoring to secure publicity for California Physicians' Service; and prepared radio scripts for California Physicians' Service programs, and newspaper stories on the growth and activities of California Physicians' Service. Bulletins were prepared for medical publications, telling developments in California Physicians' Service. The latest release was that concerning the Farm Security—California Physicians' Service contract. The Public Relations Counsel influenced the staff of the California Newspaper Publishers' Association's main office to join California Physicians' Service.

Radio.—The set of medical talks provided by the Committee has been used for a weekly program over station KWG in Santa Rosa, under the auspices of the Sonoma County Medical Association.

The Committee has pending, negotiations with other radio stations throughout the state for broadcasting medical talks, approved by the American Medical Association, as part of the program of Public Health Education.

It is recommended that the Committee defray necessary charges of sending medical exhibits to the various county fairs over the state, such as transportation. Experience in other states leads us to believe that the state and county fairs may be used to great advantage in public health education.

Respectfully submitted,

F. R. Makinson, *Chairman.*

COMMITTEE ON AID TO NEEDY MEMBERS

Executive Group

Axel E. Anderson, *Chairman*

Elizabeth M. Hohl

Robert A. Peers

To the President and the House of Delegates:

The Committee on Aid to Needy Members has continued its activities to complete, as far as possible, the census of needy members begun last year. On October 6, 1940, the California Medical Association Council instructed the Committee to proceed with efforts to secure funds and carry out recommendations, as made by this committee at the 1940 annual meeting, to the House of Delegates.

The Woman's Auxiliary has been enlisted to help secure money for aid to our needy, and has already made some

contributions. In a report to the meeting of County Medical Society Secretaries, an appeal was made for active support of this project. The need of voluntary donations and bequests was explained. By order of the Council, a separate banking account has been established in order to keep these funds intact.

In connection with a more detailed report to the House of Delegates, the Committee will ask for instructions to the Council for the allocation of a dollar per member from the annual dues for the fund for needy members.

Respectfully submitted,

A. E. Anderson, *Chairman*.

DELEGATES AND ALTERNATES TO THE AMERICAN MEDICAL ASSOCIATION

<i>Delegates</i>		<i>Alternates</i>
Elbridge J. Best.....	(1940-41)	Robert S. Stone
Lyell C. Kinney.....	(1940-41)	Bon O. Adams
Lowell S. Goin.....	(1940-41)	Roy E. Thomas
Edward N. Ewer.....	(1941-42)	Frank R. Makinson
Edward M. Palette, Sr....	(1941-42)	William H. Kiger
Robert A. Peers.....	(1941-42)	Frederick N. Scatena
William R. Molony, Sr....	(1941-42)	John C. Ruddock
Henry S. Rogers.....	(1941)	Philip K. Gilman

To the President and the House of Delegates:

Attending the House of Delegates of the American Medical Association in New York, June 10 to 14, 1940, representing the California Medical Association, were: E. M. Palette; F. R. Makinson, alternate for G. G. Reinle; C. A. Dukes, alternate for R. A. Peers; and F. F. Gundry; W. R. Molony; E. J. Best; B. O. Adams, alternate for L. C. Kinney; and L. S. Goin.

The Speaker of the House appointed E. J. Best on Reference Committee on Medical Education; C. A. Dukes on Reference Committee on Amendments to Constitution and By-Laws; and E. M. Palette on Reference Committee on Executive Session. Doctor Goin was active in aiding the Reference Committee on Amendments to Constitution and By-Laws to recommend the appointment of a committee of five to study the rewording of Principles of Medical Ethics, although this was later voted down by the House.

Carrying out instructions from the California House of Delegates, the California delegation introduced the resolution regarding care of needy physicians, but it was not approved. The reasons given were: (1) time-consuming, (2) each state should care for its own, and (3) expense.

The American Medical Association House of Delegates accepted the California delegates' invitation to hold the 1943 convention in San Francisco.

As 1940 was the year for reapportionment of delegates, the accepted reapportionment gave California an additional delegate, making a total of eight. California is now fourth in number of delegates.

Respectfully submitted,

Elbridge J. Best, *Delegate*.

COMMITTEE ON LIFE MEMBERSHIP PLAN

Executive Group

Robert A. Peers, *Chairman*

A. Bennett Cooke

G. W. Walker

To the President and the House of Delegates:

Since the Coronado meeting in 1940 there has been no necessity for a meeting of our committee.

The amendment to the Constitution, permitting life membership, will come before the House of Delegates at the Del Monte meeting in May. Your committee urges support of this plan.

Respectfully submitted,

Robert A. Peers, *Chairman*.

VI

REPORTS OF SCIENTIFIC SECTIONS: ANNUAL SESSION PROGRAMS

COMMITTEE ON SCIENTIFIC WORK

Executive Group

George H. Kress, *Chairman*, ex officio

J. Homer Woolsey, 1941

Howard F. West, 1942

Fletcher B. Taylor, 1941

E. Richmond Ware

Frank J. Breslin

To the President and the House of Delegates:

In this issue* appear the programs of the four general sessions, and many meetings of the twelve scientific sections; also lists of scientific exhibits and of medical and surgical films.

These programs were worked out by the California Medical Association Committee on Scientific Work, in conference with the officers of the scientific sections. An inspection of the programs will reveal the considerable amount of thought and work their preparation involved.

For the excellent cooperation rendered by the section officers—in particular the section secretaries—the California Medical Association Committee on Scientific Work wishes to express its thanks. Reports from each of the section secretaries, which follow, give additional information.

All who have had responsibilities in the preparation of the programs join in hoping they will measure up to the best standards, and that those who attend the meetings will feel that their time was well spent.

Respectfully submitted,

George H. Kress, *Chairman*.

SECTION REPORTS: SEQUENCE

1. *General Medicine*
2. *General Surgery*
3. *Obstetrics and Gynecology*
4. *Eye, Ear, Nose, and Throat*
5. *Anesthesiology*
6. *Dermatology and Syphilology*
7. *Industrial Medicine and Surgery*
8. *Neuropsychiatry*
9. *Pathology and Bacteriology*
10. *Pediatrics*
11. *Radiology*
12. *Urology*

SECTION ON GENERAL MEDICINE

Russel V. Lee, *Chairman*

Garnett Cheney, *Vice-Chairman*

E. Richmond Ware, *Secretary*

To the President and the House of Delegates:

As in recent years, the program of the Section on Medicine has been arranged with a view to making it of a somewhat general nature. One meeting is devoted to a symposium on blood disorders, a second meeting will be held in conjunction with the Section on Neuropsychiatry, and the third, on Wednesday afternoon, will contain a group of papers on a diversity of subjects. This year, for the first time, panel discussions will be held on Thursday afternoon, when a representative group of men will discuss two pertinent subjects—Intestinal Obstruction, and Care of the Aged. We plan to have both of the guest speakers, Dr. Waltman Walters of Rochester, Minnesota, and Dr. Robert F. Loeb of New York City, attend these informal conferences. The nature of the subjects to be reviewed, and the men participating, should command a good attendance, even though it represents the last item on the program.

* For general meetings, see page 165. For programs of scientific sections, see pages 165-175.

Doctor Loeb will conduct the clinical-pathological conference the latter part of Tuesday morning in conjunction with Dr. Alvin Cox of San Francisco. Two interesting cases have been selected for this meeting. As in former years, printed abstracts will be distributed to the audience.

A review of the program of the Section on General Medicine will show that the therapeutic aspects of a variety of subjects are to be presented, and it is hoped that this will prove to be of particular benefit to all practitioners of medicine.

Respectfully submitted,
E. Richmond Ware, *Secretary*.

SECTION ON GENERAL SURGERY

George K. Rhodes, Chairman
Frank J. Breslin, Secretary
Theodore C. Lawson, Assistant Secretary

To the President and the House of Delegates:

The Section on General Surgery, through its officers, is going to present a program which should be of general interest to doctors in the several fields of medicine. The program will run from May 5 to 8, 1941, inclusive.

On May 5, there will be a combined meeting with the Sections on Surgery, Pediatrics, and Roentgenology. On May 7, a combined meeting will be held with the Section on Medicine. At this meeting the guest speakers for both the Surgical and the Medical Sections will participate.

A new departure will be inaugurated in that on the afternoon of May 8 there will be two panel discussions: The first panel will be in charge of the chairman of the Surgical Section, and there will be an internist, roentgenologist, and both of the guest speakers. The second panel will be in charge of an internist, and the collaborators will be an internist, psychiatrist, roentgenologist, pathologist, and both of the guest speakers. Three programs will be given over to the technical side of surgery before the Surgical Section.

Respectfully submitted,
Frank J. Breslin, *Secretary*.

SECTION ON OBSTETRICS AND GYNECOLOGY

William Benbow Thompson, Chairman
C. F. Fluhmann, Vice-Chairman
Norman H. Williams, Secretary

To the President and the House of Delegates:

At this year's meeting provision has been made for three sessions: on Monday, Tuesday, and Wednesday afternoons. The first is to be a symposium in conjunction with the Section on Bacteriology and Pathology, on Endocrine Tumors in the Female, and will be in the nature of a round-table discussion. At the following two sessions there are gynecological and obstetrical subjects, about equally represented. Pregnancy tests for the past two thousand years will be reviewed, the newer aspects of the management of tuberculosis complicated by pregnancy, the significance of obstetrical mortality in California, hazards incident to multiparity, and the use of ergonovine intravenously at the end of the second stage of labor are to be considered. From the gynecological standpoint the headlines are imperforate hymen, the artificial vagina, hydatidiform mole and chorionepithelioma, uterine polyps, and pain resulting from rupture of the graafian follicle cysts.

In his presidential address on Wednesday afternoon, Doctor Thompson expects to deal with the newer aspects of obstetrical education.

Respectfully submitted,
Norman H. Williams, *Secretary*.

SECTION ON EYE, EAR, NOSE, AND THROAT

Harry J. Wiley, Chairman
Ferris L. Arnold, Vice-Chairman
Warren D. Horner, Secretary

To the President and the House of Delegates:

We believe that the program of the Eye, Ear, Nose, and Throat Section should be practical and of general interest. We have not only selected volunteer papers with this idea in mind, but we have requested the presentation of a major number of set papers on subjects of merit.

The coöperation of the members in both groups has been of the best. It appears that we have achieved a more rounded program than would have been possible from volunteer papers alone.

Respectfully submitted,
Warren D. Horner, *Secretary*.

SECTION ON ANESTHESIOLOGY

Charles F. McCuskey, Chairman
Karolina B. Jump, Secretary

To the President and the House of Delegates:

The anesthesiology program has been completed and abstracts have been forwarded. Meetings are scheduled for Monday afternoon, May 5, and Tuesday afternoon, May 6. Both meetings begin at 1:30 p. m.

Ten papers, including the Chairman's address, will be given. The Section programs give detailed information.

Respectfully submitted,
Karolina B. Jump, *Secretary*.

SECTION ON DERMATOLOGY AND SYPHILOLOGY

Harry J. Templeton, Chairman
Harry P. Jacobson, Vice-Chairman
Frances A. Torrey, Secretary

To the President and the House of Delegates:

The first session will be devoted particularly to dermatologic subjects of practical importance in diagnosis and treatment. The second session is planned to present the most recent developments in the control and treatment of syphilis. A symposium on the histopathology of the more common skin diseases has been arranged for Wednesday afternoon. A special invitation is extended to the members of the Section on Pathology to attend this meeting and to any others who are interested.

Respectfully submitted,
Frances A. Torrey, *Secretary*.

SECTION ON INDUSTRIAL MEDICINE AND SURGERY

John S. Stephens, Chairman
Wilbur J. Cox, Vice-Chairman
John D. Ball, Secretary

To the President and the House of Delegates:

An effort has been made this year to give medical problems, as well as surgical conditions which arise in the field of industry, a place on the program. Getting away from the symposium idea, a rather diversified group of subjects will be discussed. Of particular interest will be the paper on treatment of injuries in wartimes, due to our mobilization, which is now taking place. No discussants have been designated, but, as has been the custom in this Section, discussions and questions from the floor will be in order.

Respectfully submitted,
John D. Ball, *Secretary*.

SECTION ON NEUROPSYCHIATRY

R. B. Raney, Chairman
James A. Cutting, Secretary

To the President and the House of Delegates:

Inasmuch as it was felt that the combined session of General Medicine and Neuropsychiatry proved very successful last year, a similar program has been arranged this year. In this combined meeting, papers of general interest in both fields have been stressed.

In the regular Section meeting, papers will be read dealing more particularly with specific problems of neuropsychiatry.

Respectfully submitted,
James A. Cutting, *Secretary*.

SECTION ON PATHOLOGY AND BACTERIOLOGY

John W. Budd, Chairman
Roy W. Hammack, Secretary
Jesse L. Carr, Assistant Secretary

To the President and the House of Delegates:

Members of the Section on Pathology and Bacteriology assemble the day before the opening of the meeting of the California Medical Association for the Tumor Conference, held under the auspices of the Cancer Commission.

On the first day of the annual session, the Section will hold a joint meeting with the Section on Obstetrics and Gynecology. This meeting will consist of a round-table on the Endocrine Tumors of the Ovary, which will entail a discussion of both the clinical and the pathological features of these peculiar tumors.

On the next day, Tuesday, May 6, there will be a meeting of the Section, at which papers dealing with pathology and clinical pathology will be presented.

Respectfully submitted,
Roy W. Hammack, *Secretary*.

SECTION ON PEDIATRICS

William W. Belford, Chairman
John J. Miller, Jr., Secretary
Louis M. Earle, Assistant Secretary

To the President and the House of Delegates:

The pediatric program has been completed and most of the abstracts forwarded.

Eight papers will be presented before our Section alone, and five papers will be given before the joint meeting of the Surgery, Radiology, and Pediatrics Sections.

Respectfully submitted,
J. J. Miller, *Secretary*.

SECTION ON RADIOLOGY

Carl H. Parker, Chairman
Wilbur Bailey, Secretary
J. M. Robinson, Assistant Secretary

To the President and the House of Delegates:

One of the sessions of the Section on Radiology will be a combined meeting with the Sections on Pediatrics and Surgery. At this meeting, problems of common interest will be discussed.

Two motion-picture films of general interest, "Moving X-rays" and "Exploring with X-rays," will be projected late Tuesday morning. Among other recent refinements, these films show moving pictures of the image on the fluoroscopic screen.

Respectfully submitted,
Wilbur Bailey, *Secretary*.

SECTION ON UROLOGY

Lyle G. Craig, Chairman
Edward W. Beach, Secretary

To the President and the House of Delegates:

The Section on Urology will hold meetings on Monday afternoon, May 5, and Tuesday afternoon, May 6, respectively. A total of fourteen scientific papers will be presented at these two sessions.

We have striven this year to treat especially of those phases of Urology having universal appeal—to the general practitioner and urologist alike. To this end we have selected a diversified program with wide connotation, and are stressing particularly the more practical aspects of those subjects under consideration. Moreover, we have invited a number of general practitioners to officially participate in our program. Such an approach should profit both contingents, because an opportunity is offered thereby to contrast the general man's perspective with the specialist's viewpoint, and hence to perfect a workable relationship.

The scientific subjects chosen this year are timely and streamlined to meet modern requisites. Furthermore, several of the papers are based upon original research work or independent surgical perspicacity. Newer procedures and surgical maneuvers to be recounted should prove invaluable to the general surgeon as well as to the progressive urologist.

All members and visitors attending these Section meetings will be invited and urged to take part in the general discussion so that all may be benefited by a mutual exchange of opinion and experience.

Respectfully submitted,
Edward W. Beach, *Secretary*.



POOL AT DEL MONTE

CALIFORNIA AND WESTERN MEDICINE

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EDITOR GEORGE H. KRESS

Committee on Publications

A. A. Alexander	Oakland	1941
Francis E. Toomey, Chairman	San Diego	1942
G. W. Walker	Fresno	1943
Secretary-Editor, ex officio		

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BUSINESS MANAGER JOHN HUNTON

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Change of Address.—Request for change of address should give both the old and the new address. No change in any address on the mailing list will be made until such change is requested by county secretaries or by the member concerned.

Responsibility for Statements and Conclusions in Original Articles.—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the Journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this Journal. New copy must be sent to the editorial office not later than the fifteenth day of the month preceding the date of publication.

Contributions—Length of Articles; Extra Costs.—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

	PAGE
Editorials	208
Editorial Comment	211
Original Articles: Scientific and General	212
Clinical Notes and Case Reports	227
California Medical Association	230
Council Minutes	230
Committee on Medical Preparedness	233
Committee on Postgraduate Activities	234
County Societies: Membership; In Memoriam	236
Woman's Auxiliary	237
California Physicians' Service	238
News	240
Letters	246
Twenty-Five Years Ago; State Examining Board	252

EDITORIALS†

PRE-CONVENTION BULLETIN: NOW INCORPORATED AS PART OF THE APRIL ISSUE OF THE "OFFICIAL JOURNAL"

Bulletin Supplement Discontinued.—During the last decade, the "Pre-Convention Bulletin," containing reports of officers and committees of the California Medical Association, and also programs of both the general and twelve scientific sections, has appeared as a supplement of the April issue of CALIFORNIA AND WESTERN MEDICINE. This year, under instructions from the California Medical Association Council, the supplement will be discontinued; the essential information contained therein being given place in skeleton outlines in the regular text of this issue of the OFFICIAL JOURNAL. (See pages 153-207.)

* * *

Convention Programs Will Be Mailed to All Members.—The complete program for the coming annual session will be printed as heretofore, but separately, and instead of being given only to those who register, will be mailed to every member of the Association. This program will contain the abstracts of papers to be presented by the more than 100 essayists whose papers were accepted by the Section Officers and Program Committee.

* * *

Reports of Officers and Committees.—Reports of officers and committees appearing in this current issue will be struck off in reprint form for the convenience of members of the House of Delegates, since that body will be called upon to consider the progress announcements and recommendations submitted. It has been estimated that the new plan can be carried through at about the same or perhaps a lesser cost than the Supplement arrangement. The Council will appreciate being informed as to whether the changed procedure meets with the commendation of members of the Association.

DEL MONTE ANNUAL SESSION: MONDAY, MAY 5 TO THURSDAY, MAY 8, 1941

Members Are Urged to Attend.—During recent months, informative items have appeared in each issue of CALIFORNIA AND WESTERN MEDICINE

† Editorials on subjects of scientific and editorial interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

calling attention to the programs of scientific meetings and to other activities connected with the annual assembly. The comment here made is practically the last call to the seventieth annual session. All members who can arrange their work to permit attendance and participation in these general sessions and scientific meetings, therefore, are urged to make every effort to do so.

* * *

Four Morning Sessions.—The plan of exclusively allocating the morning meetings for general sessions which was inaugurated last year, met with such favorable response, that most probably it will henceforth be followed. The programs, in brief outlines, follow:

On Monday morning, reports of the President and other officers and associated agencies will be given; this being the time when the work of organized medicine will be emphasized;

On Tuesday morning, papers and discussions on topics and studies related to internal medicine will have first place; the session concluding with the Clinical-Pathological Conference in which guest speakers will take part;

On Wednesday morning, a series of papers sponsored by the Section on General Surgery will be presented, and

On Thursday morning, subjects on medical preparedness will be brought forward, with participation by high ranking officers of the medical corps of Army and Navy, who will direct attention to phases of their work and needs.

* * *

Tuesday Afternoon Entertainment Feature Is Discontinued.—The plan in vogue for so many years, of having no scientific meetings on Tuesday afternoon—in order to provide for entertainment features—has been discontinued. Experience has shown that the designated interlude for recreation and pleasure was a distinct inconvenience to those who found it possible to attend only a part of the session, since the arrangement not infrequently permitted them to be present at only one of the meetings of the specialty in which they were particularly interested.

Accordingly, the twelve scientific sections of the Association will hold meetings on two or more of the four afternoons, the large sections on general medicine and general surgery holding conferences on Monday, Tuesday and Wednesday afternoons, and bringing their four-day series to a close on Thursday afternoon with a program in which joint panel discussions will be held.

* * *

Guest Speakers, Films and Exhibits.—Guest speakers for the General Sessions come from Columbia University, New York (Robert F. Loeb, M. D., of the Department of Practice of Medicine); Mayo Foundation, Rochester (Waltman Walters, M. D., of the Surgical Section); Tulane University, New Orleans (John H. Musser, M. D., of the Department of Medicine). These well-known mem-

bers of the profession will present papers and take part in both the general and section meetings.

On each of the four mornings, medical and surgical films will be displayed, a different film going on the screen at the beginning of each half-hour.

Scientific exhibits by members of the Association, as well as by public health agencies and other affiliated bodies, will add to the interest and value of the meetings.

The technical-commercial exhibits will be in greater evidence than in any previous year, and likewise will challenge careful attention.

For many weeks all space at the headquarters, Hotel Del Monte, has been spoken for. In the January issue of CALIFORNIA AND WESTERN MEDICINE, on page 30, information was given concerning the hotels on the Monterey peninsula. In the current issue, on page 251 appears a map showing the location of most of the hotels, and this may be a convenient reference for those who are making their first acquaintance with one of the most alluring sections of California.

The Woman's Auxiliary will have its headquarters at Del Monte Lodge, but registration facilities will be maintained also at Hotel Del Monte.

* * *

Special Meetings on Sunday, May 4.—For a considerable number of members, the annual session work will really commence on Sunday, May 4, at which time various study groups in radiology, pathology, and cancer work will hold their meetings.

The County Society Secretaries and the Council will also hold meetings on Sunday.

* * *

Complete Program Will Be Mailed to All Members.—Besides the skeleton list of papers, given on pages 165-175 of this issue, the full program, containing abstracts of all papers and other information, will be mailed to each member as soon as possible. Inspection and perusal of these are urged and suggestions requested. Above all, however, the Council and section officers urge that every effort be made by members to be present, if only for one or two days of the session, that they may actually take a personal part in the scientific, organization and fraternal conferences.

CALIFORNIA LEGISLATURE: STATUS OF PENDING MEASURES

Present Status of Legislation.—Whatever else may be stated concerning the extra tension in these days of national emergency, it may be said that up to the time of this writing, prospective legislation dealing with public health and medical standards has pursued its course with less heat and excitement than in several previous sessions of the California Legislature.

In the March number, on pages 135-137 was given a list of the large number of proposed laws having implications that indicate more or less intimate relationship to public health and scientific medicine. Comment is made concerning several of

the measures in other reports which appear in this issue.*

Just how strenuous a battle will later occur in connection with the State Administration's compulsory health act cannot be foretold. Unless signs are at fault, the bill will probably fail of enactment, and so will not be placed on the Governor's desk for signature. That does not mean, however, that its proponents will abate in their efforts to have such a law enacted in California.

The two measures sponsored by the House of Delegates at Coronado, in May, 1940 (pound law, and physicians' privileges on highways), failed to receive favorable committee consideration, and their fate is accordingly sealed, so far as the present legislative session is concerned.

In the list of bills printed in last month's issue are several that are worthy of special observation, and their course at Sacramento will be carefully followed by the Committee on Public Policy and Legislation.

Full reports concerning the status of the various measures will be given at Del Monte, probably at the Monday morning meeting, and also to the House of Delegates. Delegates will thus be able to transmit all information to component county societies.

MEDICAL PREPAREDNESS

Education of Medical Students an "Essential Profession."—At a time when the Government is making more than strenuous efforts to emphasize the need of a full-time output in "essential industries," it seems strange that the important rôle and place which medical men occupy in all armies and navies that are 100 per cent efficient, seemingly should not be properly appreciated by the constituted governmental and military authorities. For, under the present conditions, in a five-year military plan (and five years may be a minimum period) the United States will be dealing with armed forces comprehending a standing army of at least 1,500,000 men in service each year, with a possible four or more million to be inducted before the five-year set-up is put into practical operation.

* * *

Army, Navy, "Essential Industry" Citizens, and Civil Population, All Require Well-Trained Physicians and Surgeons.—The havoc and demoralization, not only of the armed forces (but of men and women in the "essential industries," and of the millions of fellow citizens in civil life who are blood relatives to men in the Army and Navy), which could accrue through medical supervision that was lacking either in quality or quantity, or both, is something that must appall every physician who has given any thought thereto.

* * *

Medical Students Worthy of Deferment Classification.—It is granted that it may be possible to take some 8,000 physicians from civil

practice and transplant them into military service without calamitous results of an immediate nature as regards the civilian population.

But not to safeguard the steady graduation and accession of well-trained physicians, year by year, for the next decade or so, through recognition of the eligibility of students in Class A medical schools to be placed in a deferment class, with as much right as men who are in "essential industries," is difficult to understand.

All are agreed that certain occupations related to production of war materials should be in the "essential industries" group. But, with the same reasoning and with as great or greater right, so also should medical students be placed in an "essential profession" group. Assuredly, the health and lives of our soldiers should be construed as quite as vitally important for conservation as is the uninterrupted output of war appliances and ammunition. If this fact is not realized, the day will come when citizens will rue their lack of foresight.*

POSTGRADUATE COURSES IN CALIFORNIA

Increasing Interest in Postgraduate Courses. Continuation or postgraduate work in California, as judged by the progress made in several states, may be said to be still in its infancy cycle. It is true that progress has been made in California, and during this last year, the increased interest in postgraduate courses has been particularly heartening. Especially so, since the component county societies that were the pioneers in the movement, are the very ones now giving to the postgraduate work its additional impetus. The conclusion to be drawn is that once the advantages of clinical, postgraduate or refresher courses have been demonstrated to county medical society members, the demand for continuation of the work makes itself evident. The Third Councilor District, for example, which held a postgraduate conference in Santa Barbara on March 29, will sponsor another refresher course this fall to be held in Bakersfield.

* * *

Every County Society Should Have a Postgraduate Committee.—In recent issues of the OFFICIAL JOURNAL, brief mention has been made of county societies coöperating in these important activities. The hope is again expressed that every county society will appoint, as one of its standing groups, a postgraduate committee. The California Medical Association Postgraduate Committee, 450 Sutter, San Francisco, invites correspondence from every county society that has not yet taken up the work. The Central Office will be glad to advise and coöperate in fullest measure and requests the opportunity to be of service. If your society does not have a postgraduate committee, why not take steps to provide for its appointment at your next meeting?

* For other comment concerning medical preparedness, see page 233.

* See Council report and minutes, pages 183 and 230.

AMERICAN MEDICAL ASSOCIATION TRIAL: JURY'S VERDICT

Press dispatches from Washington, D. C., under date of April 4, stated that the trial of the American Medical Association and other defendants on charges of antitrust law violation had come to an end. Reference was made to the trial in the March issue of *CALIFORNIA AND WESTERN MEDICINE*, on page 104; and as the current number is in press it is possible to give only a brief additional item. *The Journal of the American Medical Association*, in which transcripts of the trial proceedings have been appearing, will probably give other information concerning Justice James M. Proctor's instructions to the jury. It is gratifying to know that officers of the American Medical Association and other medical societies were acquitted. The case will no doubt be appealed.

News dispatch follows:

Split Verdict Convicts American Medical Association, Clears Doctors

Washington, April 4 (AP).—A Federal court jury tonight found the American Medical Association and the Medical Society of the District of Columbia guilty of antitrust law violation, but acquitted eighteen individual defendants in the case. The jury had deliberated eleven hours.

The Government charged that the two organizations and the individual physicians interfered with operations of Group Health Association, a coöperative organization giving medical service for a monthly fee.

Justice James M. Proctor told the jury that individual physicians had the right to refuse consultation or assistance asked by the physicians of Group Health, and also that they had the right of "legitimate criticism . . . either separately or by collective effort."—*San Francisco Examiner*, April 6, 1941.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 230.

EDITORIAL COMMENT†

LOCAL TISSUES IMMUNITY

The possibility, recently suggested in the popular press, of direct immunization of the brain and spinal cord by subdural injection of killed poliomyelitis virus, renders the general theory of local tissue immunity of current clinical interest.

Historically, theories of acquired tissue immunity have been developed around two main hypotheses. First, around the concept originally championed by Ehrlich, which assumes that specific antibodies are but desquamated, preformed "side-chains," "receptors" or specialized chemical components hereditarily present in each and every

tissue of the animal body. Any tissue cell thus becomes a logical source of specific antibodies. Local vaccines would be logically effective if injected into any parenchymatous tissue.

The accumulated contradictions and inconsistencies in laboratory and clinical research, however, eventually led to an almost unanimous discard of this preformist theory. The newer theory assumes that specific antibodies are new-formed (*i. e.*, non-hereditary) humoral or cellular components specifically synthesized to combat deleterious environmental factors. Antibodies are thus conceivably formed by some specialized defensive endocrine, rather than by each and every cell of the body. Earlier attempts to confirm this hypothesis by ablation methods, chemical extraction of special tissues and by colloidal blockade, however, did not yield fully convincing evidence.

Much of the experimental evidence pointed to the reticulo-endothelial tissues as the sole or dominant antibody-forming tissues. Attempts to prove specific antibody formation by the spleen, lymph glands, bone marrow, and other reticulo-endothelial structures, however, almost invariably yielded inconclusive results. As early as 1898, for example, Pfeiffer and Marx¹ titrated the bacteriolysins in aqueous extracts of the spleens of intravenously immunized rabbits, and at times found the splenic titer higher than that of the blood stream. Since splenic mobilization of intravenously injected antibodies was subsequently demonstrated, their data were not sufficient to prove antibody formation in the spleen.

Among the most ingenious later experiments are those reported about five years ago by McMasters and Hudack² of the Rockefeller Institute. These investigators injected mice intradermally in the two ears with two different bacterial antigens, and after varying time intervals titrated the specific agglutinin content of the regional lymph glands. They found an earlier appearance and a higher titer of homologous agglutinins in the homolateral lymph gland, the homolateral titer at times being higher than that of the blood stream. Although their data did not rule out the possibility of a selective mobilization of humoral antibodies, it strengthened the belief that specific agglutinins are synthesized in regional lymph nodes.

A much more convincing method of attack is currently reported by Hartley³ of the University of Chicago, who devised a method of local tissue vaccination that would prevent antigenic spread to other parts of the body. He found that intradermal injection of dilute aluminum hydroxid gel stimulated the local formation of cutaneous nodules. These nodules consisted predominately of macrophages, which were found to be actively phagocytic to locally injected carbon particles (dilute India ink).

In order to prevent antigenic spread, living vaccinia virus was adsorbed to aluminum hydroxid gel, and the infected gel injected directly into the

¹ Pfeiffer, R., and Marx: *Zeitschr. f. Hyg.*, 272, 1898; *Deutsch. med. Woch.*, 24:47, 1898.

² McMasters, Philip D., Hudack, Stephen S.: *Jour. Exp. Med.*, 61:783, 1935.

³ Hartley, George, Jr.: *Jour. Infect. Dis.*, 66:44, 1940.

† This department of *CALIFORNIA AND WESTERN MEDICINE* presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

macrophagic nodules. The virus-laden gel was rapidly engulfed by the local phagocytes. Four days later the animals were sacrificed by air embolus, the vaccinated nodules removed, frozen in liquid nitrogen, ground to an impalpable powder, and extracted at ice-box temperature in ten volumes of physiologic sodium chlorid solution. The 10 per cent extracts thus obtained were centrifuged and filtered through a Seitz asbestos pad to remove any residual vaccinia virus. The filtrates were then titrated for virucidal properties.

Titration from nineteen rabbits showed that 0.05 cubic centimeters of the 10 per cent tissue extract almost invariably continued at least four virucidal units, each unit being defined as the amount necessary to neutralize one infectious skin dose of homologous vaccinia virus. This is equivalent to 1,000 extractable virucidal units per gram of macrophagic tissue. Control tests showed that in seven of the locally vaccinated rabbits no trace of virucidal action was demonstrable in the undiluted blood serum, nor in control extracts from the spleen, liver, or bone marrow. The conclusion seems warranted that the vaccinated skin nodules were the sites of formation of the virucidal antibodies. This is the first unequivocal evidence of specific antibody synthesis by local reticulo-endothelial tissues.

But many immunologists believe that it eventually may be shown that other tissue cells of the animal body are capable of specific immunologic adaptations. They recognize, however, that this belief is based on an earlier and now generally discarded preformist theory, and that macrophagic immunity is the only type of local tissue immunity thus far fully established by experimental evidence. Until this proof is available, direct vaccination of the brain and spinal cord will remain a pure biologic gamble.

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The rapid decline in tuberculosis mortality rates has been due mainly to lessening in the incidence of infection. Among those infected, the toll, though diminished, is still appalling. Mortality statistics, morbidity reports, autopsy examinations, tuberculin tests, and x-ray surveys indicate that about half of all infected individuals develop clinical tuberculosis, and that from 10 to 20 per cent of them eventually die of the disease. The high risk of disease and death due to infection by the tubercle bacillus justifies increased efforts for its prevention.—Emil Bogen, M. D., *American Review of Tuberculosis*, August, 1940.

Selection of Blood Bank Donors.—Only those persons who have been born in this country and who have never lived in districts where malaria is prevalent should be used as donors for blood banks, Ernest F. Gordon, M. D., Yonkers, New York, advises in *The Journal of the American Medical Association*. He says that such a policy will minimize the possibility of spreading the disease from man to man. The first recorded case of an accidental transmission of malaria through transfused stored blood is reported by him.

ORIGINAL ARTICLES

SOME FACTORS INVOLVED IN THE CARE OF THE PATIENT SERIOUSLY ILL WITH BILIARY TRACT DISEASE*

By I. S. RAVDIN, M. D.

Philadelphia, Pennsylvania

THE intimate relationship of cholecystitis and hepatitis, generally accepted by most observers, must indicate that, in most instances, when a stone passes into the common bile duct there is apt to be an existing hepatitis before the effect of ductal occlusion still further damages the liver cells. That extensive hepatitis may coexist with simple gall-stone disease is not so generally accepted, but it is nevertheless true. The occlusion of the common bile duct by a stone is further complicated by the fact that, in most instances, the gall-bladder is at that time moderately or severely damaged. Under such circumstances the failure of the gall-bladder to concentrate the trapped bile leads to a rapid increase in the extra- and intrahepatic bile pressure, so that hepatic secretory suppression occurs at an earlier period after obstruction.

The opportune time, therefore, to operate on a patient with gall-stones is early, when the stones are still present in the gall-bladder and when the patient is suffering from the classical dyspepsia, or colic, or both, of simple calculus disease. It is, moreover, of importance to remove any calculi from the common duct at the primary operation. The time-honored concept that a previous history of jaundice is the indication for common-duct exploration has too frequently resulted in the primary or secondary operation being done following extensive liver injury, or even during a period of intense obstructive jaundice, when the risk of operation is greatly increased. Palpation of the common duct is a poor method of accurately determining the presence of stones, and the majority of stones found at a secondary operation are the result of faulty exploration of the extrahepatic bile passages at the primary operation. The surgeon can gain little relief from a troubled conscience lest the standpoint that the stones may have formed in the common duct subsequent to cholecystectomy.

FUNCTION TESTS

It is during a state of partial liver insufficiency that many of these seriously ill patients come for surgical aid. It is important, therefore, to determine, if possible, the exact degree of hepatic insufficiency which may exist. It is possible in those organs whose functions are few in number to make accurate functional tests, but this becomes exceedingly difficult in an organ whose activities are manifold, and in which the impairment of each function is not of the same degree.

* From the Harrison Department of Surgical Research Schools of Medicine, University of Pennsylvania, and the Surgical Clinic of the Hospital of the University of Pennsylvania, Philadelphia.

Read before the Third General Meeting at the sixty-ninth annual session of the California Medical Association, Coronado, May 6-9, 1940.

The glucose and galactose tolerance tests have been widely used, but we have often found them of little significant help. Alimentary glycosuria and alterations of the sugar tolerance curves are much too common in many pathological conditions to make these tests of serious diagnostic importance, especially in the milder or moderate types of hepatic derangement.

The glucose tolerance curves in some of the patients are unlike those seen in diabetes. These high sugar tolerance curves are seen in patients whose fasting blood-sugar levels may be quite low, as we would expect in the presence of serious liver injury. It is generally believed that the glycogen storage of the liver is its major function, but it is much less generally recognized that the protein activities of the liver are of perhaps equal, or even greater importance.

Certain of the liver function tests have been based upon the ability of the normal liver to synthesize urea from ammonium carbonate. The tremendous reserve factor of the liver prevented the fulfillment of such prophecies, for 80 per cent of the liver of the dog can be removed without appreciably affecting normal urea formation. Even when amino-acids have been fed in large amounts, thus putting the liver under an increased strain, the results obtained in the presence of moderate liver damage have not been significant. The ability of the liver to synthesize urea is impaired only when the destruction of liver tissue is nearly complete, a time at which a function test is of little value.

The same, in large measure, is true of the tests based upon the conjugation of hippuric acid. While Quick's test is useful, it is not always infallible. The dye tests have also often proved disappointing. In the presence of incomplete ductal occlusion it is not at all infrequent to obtain a nearly normal disappearance curve of sodium tetraiodophenolphthalein from the blood. The determination of cholesterol fractions and other constituents in the blood are of help, but they too frequently may lead one astray.

The reserve capacity of the liver is so great that normal activity can be carried on by only a small part of the total liver mass, provided that is normal. And, finally, even though all the functions preoperatively are normal, the injury to the liver cells, as the result of operative trauma and anesthesia, may be so great as to convert a normally functioning liver into a completely incompetent one. We have found this to be true when the original liver glycogen concentration was twice the normal. It is necessary, therefore, at this time that we do not place too great reliance upon liver-function tests. Too frequently they give us a sense of security which is unwarranted.

For the determination of bile-pigment retention in the blood, we believe the Van den Bergh reaction is the most satisfactory method now available. Regardless of whether you agree on the specificity of the qualitative reaction, the quantitative portion of the examination remains the most accurate method available in the clinical laboratory for the determination of bilirubin concentration.

PREOPERATIVE CARE

In no field of surgery has the physiologic approach to the problems of pre- and postoperative care had a greater influence, or saved more lives than in the treatment of advanced biliary tract disease. The high mortality in the past can be ascribed neither to less technical skill nor to poorer surgical judgment, but rather to the lack of information concerning the pathologic physiology of the processes involved and the manner by which they can best be controlled prior and subsequent to operation. The special methods of preparation and after-care have been based in large part on experimental studies. It is now time that we evaluate the effects of special treatment on our clinical results.

The preoperative preparation of the patient should be directed toward correcting, so far as possible, any existing collateral disease, and improving the content of the hepatic cells so as to prevent further liver injury. I shall not discuss coexisting cardiac or pancreatic disease, except to state that neither of these conditions should be considered as insurmountable barriers to operation. If the patient is properly prepared, prior to operation, with the help of a competent internist, the added risk of either of these conditions is not great.

Angina pectoris may be mimicked in every way in gall-stone disease. We have had a number examples of this when stones have been present in the common duct, even though jaundice has never been present. Surely, operations on, or injections of the sympathetic nervous system should not be undertaken without first subjecting the patient to adequate surgery for the gall-stone disease.

It is generally believed that hepatic disease is unassociated with renal dysfunction. While as a rule this may be true, there occurs in a number of patients with obstructive jaundice a serious impairment of the functional activity of the renal parenchyma. It is in this group of patients that a low-serum calcium may be encountered, which is nearly always associated with a serum protein deficiency or with hyperphosphatemia. These are even more apt to be present if the patient had preëxisting renal disease. A preoperative high blood non-protein nitrogen, in these patients, is not always of serious significance, for subsequent to surgical therapy the evidences of renal injury may rapidly subside. In the absence of a history of previous renal injury the high blood nonprotein nitrogen concentration need not alarm one unnecessarily, unless the entire clinical picture, at the same time, warrants it.

The evidence of renal impairment should, in the main, be considered as an additional load which has been added to that which the patient is already carrying. It must be taken into account in preparing the patient for operation, and in determining the anesthetic to be used for operation. Above all, it must be considered in the administration of fluids, especially large amounts of sodium chlorid, which may so tax a renal system, when it is near the breaking point, as to result in renal insufficiency.

DISTURBANCES IN LIVER PHYSIOLOGY

The advent of ductal occlusion causes serious disturbances in the physiology of the liver. The cells continue to secrete bile until the pressure in the bile ducts equals the secretory pressure of the liver. The presence of impaired gall-bladder function results in a shorter period of time between occlusion and icterus. When the intrahepatic bile pressure reaches from 280 to 330 millimeters of the bile, pigment does not pass through the cells and deep icterus results. Any further secretion is from the cells lining the ducts, and results in the formation of what is commonly called "white bile."

The increase in ductal pressure causes a retardation of the portal blood flow and thus there is set up a vicious circle for the development of an anoxemia in the hepatic tissue, in the face of evidence of an increased oxygen consumption in the liver during obstructive jaundice. Since the liver cells are extremely sensitive to oxygen want, further hepatic injury ensues. Thus, the primary hepatitis, if this was present, is accentuated by the increased pressure in the intrahepatic bile ducts, and by the secondary anoxia. The injured liver cell is less capable of holding and of storing glycogen. It rapidly loses its mobile protein, and since it is incapable of metabolizing the fat which comes to it there is apt to occur considerable fatty infiltration. The latter process is more apt to take place where there is considerable fat in the subcutaneous tissues.

While it was previously believed that the liver glycogen protected the liver against injury during anesthesia, information which we have collected leads us to state that it is the liver fat which conditions liver necrosis subsequent to the use of volatile anesthetics. The increase of the liver glycogen is valuable, therefore, only if, by increasing the liver glycogen, liver fat is reduced. Observations which we have made on a series of patients with common-duct occlusion, who were prepared by a high carbohydrate diet and the intravenous administration of glucose for from eight to fourteen days prior to operation, forces me to state that often there remained in the liver concentrations of fat which, had a volatile anesthetic been used, might have resulted in further serious liver injury.

DIET AND INTRAVENOUS THERAPY

The plan which we are now using is as follows: The patients, if they can be made to eat, are given a diet which consists of 80 per cent of carbohydrate, to which is added protein in an amount of 20 per cent of the total calories. The diet is given in small amounts, but at frequent intervals, so that the total caloric intake is about 3,000 calories per day. The protein is added because it is the best substance for man, available at this time, to assist the carbohydrate in displacing the liver fat, and, furthermore, tissue regeneration cannot take place without sufficient stores of protein. In addition to the carbohydrate-protein meal, we give these patients approximately 10 milligrams of crystalline vitamin B₁ daily. The latter improves the appetite. The addition of protein and B₁ to our previous routine

has, we believe, resulted in a marked reduction in the liver fat and resulted in a distinct improvement in the condition of the liver cells. With such a method we have increased the liver glycogen concentration in the presence of complete ductal occlusion in the experimental animal to as much as 12 per cent, a concentration which we previously had thought unattainable, and a simultaneous reduction of the liver fat from levels as high as 50 per cent to a normal level over a period of two weeks.

VITAMIN K AND BILE-SALT THERAPY

The use of substrates containing vitamin K₁ or K₂, or of the synthetic quinone derivatives having a K-like action, has made postoperative hemorrhage an exceedingly rare complication. Two methyl 1—4 naphtha quinone, in doses of two milligrams three times a day, is effectual in restoring a normal prothrombin time in the great majority of patients within seventy-two hours. It is even more potent than the naturally occurring vitamin.

The hemorrhagic tendency of the jaundiced patient is due to a prothrombin deficiency conditioned by the absence of bile salt from the intestinal tract. When the vitamin K substrates are used, bile salts must be used with them.

TIME FOR OPERATION

We have come to believe that early operation, once occlusion has occurred, is not always to be desired. The suggestion of Waltman Walters that the obstructed patient be operated on at a time when the level of the bilirubinemia is stationary, is an excellent one. It has been our policy to withhold operation when the bilirubin concentration in the serum is increasing or decreasing. If it is increasing or decreasing, we wait until the concentration reaches a plateau. During this period the patient is being prepared for operation. The operation is safer when hepatic function has stabilized itself against a high or low-serum bile pigment concentration.

All severely jaundiced patients who have not responded to K therapy are placed on a diet for from ten to fourteen days and are transfused prior to operation. Our practice has been to use small amounts, 250 to 300 cubic centimeters of blood for two or three days before the contemplated exploration. This serves several purposes. It improves the quantity and the quality of the blood; it provides serum protein, which may be deficient, and it improves the oxygen-carrying capacity of the blood.

ANESTHESIA

In the light of available evidence at this time, we believe that the anesthetic of choice is spinal anesthesia. We have good evidence that ether may cause serious liver injury in the presence of the conditions often existing during ductal occlusion. Nitrous-oxid and oxygen, when pushed to the point of even semi-satisfactory relaxation, causes an anoxia which results in further liver injury. Cyclopropane may be satisfactory, but there is as yet insufficient evidence as to its effect on the hepatic parenchyma to warrant its widespread adoption.

Spinal anesthesia, in which marked depression of the blood pressure is prevented by the preanesthetic administration of adequate doses of ephedrin, has proved so satisfactory in our hands that until a better method is demonstrated we shall continue to use it. Carefully administered, it is, we believe, the safest anesthetic in these bad-risk patients.

INCISION

We believe that the subcostal incision affords better exposure of the biliary passages, is associated with less postoperative pain, fewer pulmonary complications, and a lower incidence of postoperative herniation than any other incision. Its full advantages are never appreciated until it is used.

I shall not discuss the various technical details necessary satisfactorily to complete the operation. In the presence of stone obstruction a thorough search is essential and the removal of a single stone is not sufficient reason for terminating the exploration. Not until the operator is satisfied that there are no stones in the right or left duct, and a catheter can be freely passed into the duodenum, is his responsibility for further exploration at an end.

POSTOPERATIVE CARE

As soon as the opening in the common duct is closed around the tube, fluid is introduced through the open end of the tube and the tube is then clamped. When the patient is returned to his bed the free end of the tube is attached to a decompression apparatus, so arranged that the top level is kept at approximately 200 millimeters above the common duct. Over a period of days this is gradually lowered, but it is never lowered to the point where large amounts of bile are permitted to drain externally.

The use of this principle serves several useful purposes. In the first place, it prevents an acute hepatic hyperemia subsequent to release of the ductal occlusion. After the sudden release of a complete ductal occlusion, there is often observed an intense hyperemia of the liver tissue and the extravasation of large amounts of blood in the perivascular spaces. Although decompression occurs in part during the operation, the maintenance of an adequate pressure level thereafter is, we believe, of real help in preventing massive extravasation of blood into the liver tissue. Furthermore, it overcomes the defect of the older method of drainage into a bottle at the bedside in that large amounts of bile are not sucked into the container. The added advantage of permitting the bile to enter the intestine at an early period is obvious. The fluid and electrolyte balance is more easily maintained and the extrahepatic functions of the bile are reestablished within a short time after operation. The effects of excessive external bile drainage were described some years ago by William Halsted, who personally experienced them. The lassitude, weakness, anorexia, rapid pulse, and even comatose state, so frequently observed in such patients, can in large measure be prevented by the use of the decompression principle. The additional advantage of the bile subserving a useful intestinal function, I shall describe at a later period.

CHOLANGIOGRAMS

No tube should be removed from the common duct before doing a cholangiogram. Even the most experienced of surgeons will occasionally leave a stone behind. The time to know this is before the "T" tube is removed.

POSTOPERATIVE FLUIDS AND DIET

In the administration of fluids during this period, one must be guided by the principles laid down by Wiley and Newburgh and their elaboration by Collier and Maddock. The control of the postoperative administration of intravenous fluids to these patients is not to be left to one of a group of constantly changing internes, nor can the quantity or type be determined routinely for all patients.

As soon as the stomach is retentive, food should be given by mouth. The diet which we have used in the postoperative period is again a carbohydrate-protein mixture, practically devoid of fat. With such a régime, regeneration of liver cells may occur rapidly, and normal function, if this can be restored, will make its appearance at an earlier period than when the patient is on a haphazard diet or a program which restricts food by mouth beyond the necessary period. It is not possible to furnish the energy requirements of the patient and increase the liver glycogen and protein storage by intravenous therapy. Protein wastage will be prevented, liver glycogen stores will be built up, liver fat displaced, and cell regeneration takes place when the total food intake is sufficient to more than cover the energy requirements.

BILE THERAPY

The restoration of bile to the intestinal tract at an early period by the use of a decompression apparatus, if the lower end of the common duct is patent, has already been mentioned. The most important function of the bile is its intestinal function. The activation of lipases, the emulsification of fats and their transport across the intestinal membrane, and the aid in the absorption of accessory food substances, are but a few of the activities which bile plays in the small bowel.

For some time we replaced part of the bile drained to the exterior through a gastric tube, and still use this method when edema or inflammatory exudate prevent the entrance of bile directly into the duodenum. For the past six years we have kept a store of fairly normal bile drained from patients and have had this lyophilized by the method of Flosdorf and Mudd. This dehydrated human bile is thus available for use by adding distilled water and provides a useful source for such material. It is useful also when a cholecystostomy has been done as a primary procedure for obstructive jaundice in inoperable malignancy of the pancreas, to be followed when the icterus has disappeared by a secondary short-circuiting operation.

With the decompression method, bile flows directly into the duodenum. Convalescence is smoother, and we have had an absence of the asthenic states which were so often observed where excessive external biliary drainage occurred. The asthenia (which Doctor Whipple, for want of a

better name, called "pancreatic asthenia") has not been observed by us since we began the routine use of decompression eight years ago. It is, we believe, due to a disturbance of intestinal and hepatic physiology and is the result, in part, of an interference with the extrahepatic functions of the bile. Why it makes its appearance in some patients and not in others; and why it is often not observed after prolonged ductal occlusion prior to operation, I cannot explain.

I have discussed a few of the factors which we must consider in caring for these desperately ill patients before, during, and after operation. In each of them there are present certain profound physiological disturbances, some of which are understood and others of which remain to be elucidated. The risk of operation will be reduced if attempts are made prior, during, and subsequent to operation to restore function to as nearly normal as may be possible. Such a program has resulted in a very desirable reduction in the morbidity and mortality of operations for the seriously ill patient. Further improvement in our immediate and late results will come from a fuller understanding of the conditions imposed on the organism during icterus of the obstructive type; for, regardless of the skill of the operator, mortality will remain higher than it need be if the pathologic physiology is disregarded.

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AN ANALYSIS OF CAUSES OF DEATH IN
PROSTATECTOMY*

By JOHN A. DOUGHERTY, M. D.
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THE problem of mortality reduction from prostatic surgery is not a simple one. The selection of the most favorable time for operation, the question of the most suitable procedure, and the need to combat postoperative complications are a constant challenge to the judgment, skill and, not the least of all, the alertness of the surgeon. Many of these factors are of such variability that it is next to impossible to draw therefrom dependable conclusions. However, in a consideration of the "cause of death" we are frequently able, by summing up the entire case, to discover where errors of technique or judgment entered and thus, by recognizing the pitfalls, avoid them in the future. It was with this hope that the following paper was written.

CLINICAL MATERIAL FOR THE STUDY

The material for this study was drawn from the clinical records of eighty-seven patients who died following one of the three accepted operations for the relief of bladder-neck obstruction. The records are from approved hospitals in the San Francisco Bay region and from the services of qualified urologic surgeons. In this series the total mortality was 14.16, classified as follows: suprapubic, 12.8; transurethral resection, 11.7; perineal, 7.3.

* Chairman's address, read before the Section on Urology of the California Medical Association at the sixty-ninth annual session, Coronado, May 6-9, 1940.

The high death rate was due, in part, to the fact that many of the patients were, in many instances, of the county hospital type. It is perhaps fair to point out that the high percentage noted in transurethral resection was in a large measure influenced by two factors: first, the universally admitted high mortality seen in the early days of this operation (in the years 1932 and 1933) due to inexperience and inadequate equipment; and, second, the habit of utilizing transurethral resection in poor risks, where previously such cases would have been considered inoperable. An improvement is seen in the year 1938, when the mortality from four services (including the County Hospital) was 1.3 per cent.

Seventy of these patients were operated upon under spinal anesthesia, four under spinal anesthesia reinforced with NO₂ and ether, five under NO₂ and ether, four under NO₂ and O, two under pentothal sodium intravenously, and one under paraldehyde per rectum. Those who were not operated upon under spinal anesthesia do not appear to have had any special indication for the anesthetic selected, and were probably victims of a transient investigative impulse on the part of the surgeon.

CAUSES OF DEATH

In considering the causes of death, those related to cardiac disease, cerebral accident, hemorrhage, and sepsis have been of special interest.†

CARDIAC DEATHS

Thirty patients died of cardiac disease, coronary disease or cerebral accident. Of this number, 70 per cent of those dying of cardiac disease, 55 per cent of those dying of coronary occlusion, and 60 per cent of cerebral accident gave past histories of auricular fibrillation, previous cerebral accident, edema of ankles, dyspnea, or showed an unfavorable prognosis after an electrocardiogram. While, of course, there are many prostatics who, with similar past histories, have successfully withstood prostatic surgery, emphasis must be laid upon the value of a searching inquiry into the past history, and an appreciation of the ominous influence of a bad history, upon the prognosis.

The group of patients dying of cardiovascular disease did not, as a whole, show more than the usual degree of arteriosclerosis or hypertension associated with the aged. The average blood-pressure readings were for those dying of cardiac failure, 141/83; of coronary disease, 153/70; and of cerebral accident, 173/95. These pressures are the averages resulting from several observations and they are probably true readings.

Of the twenty-four patients dying of cardiac disease, nine died of coronary sclerosis. An effort was made to connect the sudden drop of blood

† Slide showing deaths in cardiac, cerebral hemorrhage, sepsis, hemorrhage and miscellaneous.

	Per Cent	Number	Peri-neal	Supra-pubic	Trans-urethral Resection
Cardiac	27.5	24	4	10	10
Cerebral accident	8.7	6	0	1	5
Hemorrhage	24	21	0	7	14
Sepsis	28	25	6	11	8
Miscellaneous	12.5	11	0	9	2

pressure occurring during the spinal anesthetic with this lesion from an etiologic standpoint, but without success. The average fall of systolic pressure of these patients during the operation was only nine points from the highest to the lowest reading.

DEATHS FROM HEMORRHAGE

Twenty-one of the deaths were caused by loss of blood. Of these, fourteen were transurethral resections and seven were suprapubic operations. There are no deaths from hemorrhage in the perineal group. Of the twenty-one deaths from hemorrhage, fourteen died in the first twenty-four hours. Of this number, ten were transurethral resections and four suprapubic prostatectomies. Seven died within fifteen days, four being transurethral resections and three suprapubic operations.

In defense of the suprapubic operation, it is to be noted that two of the patients who died within twenty-four hours entered the hospital in shock as the result of bleeding from large intravesical prostatic adenomas, and died immediately after prostatectomy, which was done as an emergency measure. The majority of the deaths in the transurethral resection group occurred in 1932 and 1933, when the technique was being learned. We console ourselves with the thought that faulty equipment was as much to blame as inexperience. As the years have brought superior equipment and more mature judgment, the deaths from hemorrhage have been negligible.

In the transurethral resections there were three in which the fatal hemorrhage was due to leaky hemostatic bags. Since then the bags have been distended with indigo-carmin, so that a leak will be detected at once.

In no complication of prostatic surgery does good nursing play a more important part than in hemorrhage. Frequent inspections of the patient's color, heart rate, blood pressure and amount of blood in the drainage, as well as the drainage apparatus, is essential so that measures can be taken to prevent the loss of blood from becoming a serious matter. New interns and inexperienced nurses should be instructed repeatedly that "old men do not stand loss of blood well, and that the poorer the risk the worse he stands it." Since hemorrhage frequently ensues without giving warning, in order to save time recent cases have been typed for transfusion and prepared for immediate suprapubic exposure. Intravenous glucose on the table and earlier and more frequent blood transfusions have an important place in the prevention of shock from hemorrhage. The development of the hemostatic bags and the researches of Flocks in the blood supply of the prostate have done a great deal in preventing this most harassing complication.

DEATHS FROM SEPSIS

The proportion of patients dying of sepsis was as follows: perineal, 4.9; suprapubic, 3.4; and transurethral resection, 2.5.* It is difficult to explain these differences, and the desirability of further study is suggested. It is perhaps worthy of

note that the average (preoperative) white count for this group was 11,400. While not high, this is not a normal count. Although a large proportion of prostatitis are afflicted with chronic inflammatory lesions of the prostate and urethra, it appears doubtful that leukocytosis can be, in many cases, explained on the basis of a chronic prostatitis or urethritis. On the other hand, renal infections are notorious for raising a white count, and the presence of an unnoticed preoperative renal lesion might be the source of grave postoperative concern.

Ten patients died with the clinical diagnosis of renal infection, eight cases being proved by autopsy. This group ran an average preoperative white count of 10,300, with normal temperature.

Five patients were operated upon who, with a normal temperature and a negative history, ran an average of 15,500 white blood cells. All of these within five days died of a profound sepsis with a septic type of fever, the temperature in one instance reaching 107 degrees Fahrenheit. The records of these cases contained no signs other than a leukocytosis, which would forewarn the surgeon of a preoperative infection. If one may be permitted to draw conclusions from such a small number of cases, it would appear that elevated white counts, even in the presence of a normal temperature and heart rate, are a contraindication to elective surgery.

Inasmuch as the removal of the hemostatic bag sometimes provokes a sharp rise in temperature, it is probably wise to avoid this traumatic manipulation as much as possible in the presence of fever. Certainly the chances of recovery of an aged, feeble patient are not increased by a procedure which occasionally leads to a high temperature of uncertain duration.

OTHER CAUSES OF DEATH

Nine cases were incapable of being classified under any heading except miscellaneous. Three patients died of peritonitis following a suprapubic prostatectomy; the infection starting as the result of a torn peritoneum, notwithstanding the fact that the laceration was recognized and immediately repaired.

One patient died on the table from a general anesthetic. Here a small dose of novocain was insufficient to permit the completion of a suprapubic prostatectomy, and NO_2 and ether were used. It has been noted that 50 milligrams of novocain subdurally frequently does not give a satisfactory anesthetic. The custom of using these small doses with the idea of NO_2 and ether reinforcement seems to be a procedure of doubtful wisdom. There occurs a hiatus between the time the patient appreciates pain and until he is rendered insensible from a hastily inflicted general anesthetic, which smacks of the preanesthetic era of surgery. Between the reaction to pain and excitement and the prolonged time on the table (for the operation must be suspended until anesthesia is induced) it seems extremely likely that the immediate prognosis is materially affected. An anesthetic these days should live up to its name.

* See slide.

RENAL INSUFFICIENCY

Only two patients died of renal failure. In both instances, repeated kidney tests which were below normal when first seen became normal after a long period of preparation. Both patients had known cardiovascular renal impairment and lived less than a week postoperatively. Probably they should not have been operated upon. One, at autopsy, had one kidney congenitally absent, and the single kidney was the seat of a pyelonephritis. The present-day custom of intravenous pyelography would have put us on our guard in this case. The other patient had a large diverticulum repaired and a suprapubic prostatectomy done at the same sitting, under spinal and NO_2 plus ether. In all likelihood, a two-stage operation would have served him better.

A patient with a poor kidney function which improves after prolonged treatment so as to permit a prostatectomy should be viewed with suspicion. He is apt to be living on the edge of his renal reserve.

Pulmonary emboli in two cases—hemorrhage from an unsuspected and symptomless carcinoma of the stomach, and an undiagnosed renal tuberculosis in another—accounted for the remaining four deaths.

SUMMARY

1. An analysis of eighty-seven deaths following operations on the prostate (for bladder-neck obstruction) has been made.

2. Heart failure, hemorrhage, and sepsis are still to be reckoned as "Captains of the Men of Death" in this form of surgery, inasmuch as they accounted for 79.5 per cent of the deaths in this series.

3. The significance of a bad cardiac history is emphasized.

4. Deaths from hemorrhage occurred only in the transurethral and suprapubic groups. In the former, since the appreciation of the blood supply of the prostate and the development of the bag hemostat the deaths from this cause have been negligible.

5. Careful postoperative observation by the surgeon and by specially trained nurses, and early steps directed to the control of bleeding, are of supreme importance in the treatment of this complication.

6. Patients with elevated white counts, even with normal temperature and heart rate, should have their surgery postponed until the blood counts are more nearly normal in otherwise elective operations.

7. In the presence of fever, urethral manipulation of the hemostatic bag or catheters is to be avoided. Catheter drainage, bed rest, forced fluids and urinary antiseptics are probably the best means of controlling this disturbing complication.

8. In spinal anesthesia adequate dosage of novocain is suggested. Smaller doses may require reinforcement with ether, and this constitutes an added risk.

9. The preoperative use of intravenous pyelograms is advised as a means of increasing the sum total of knowledge of the patients' operability and probable postoperative course.

10. One of the chief factors in lowering the mortality of prostatic surgery is in the instant recognition of complications and the immediate treatment thereof.

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RELATIONSHIP OF RADIOLOGY TO THE PHYSICAL WORLD AND TO SOCIETY*

By R. R. NEWELL, M. D.
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TO orient ourselves, let us look at Tuve's chart of known dimensions (Fig. 1). We go in one direction to things larger and larger, and we go in the other direction to things very small. Light is one of the fine things, yet x-rays are ten thousand times finer. Light and x-ray are parts of the great electromagnetic spectrum (Fig. 2). Light is, in fact, not nearly fine enough for our needs. A microscope cannot see the filterable viruses because they are so much finer than the light we have to see them by. If someone would only invent an x-ray microscope! There has been devised a substitute, however, an electron microscope capable of showing things less than a hundredth of a micron in diameter (Fig. 3).

X-RAYS CAN BE USED FOR SEEING FINE STRUCTURE

The wavelengths of x-rays are comparable to the spacing of the atoms in solid substances. Diffraction of x-rays has proved a mighty tool to discover the crystalline structure of things, inorganic and organic. For medicine—or rather for anatomy, a cornerstone of medical science—x-ray diffraction studies have cleared up questions as to the structure of bones, tendons, teeth, etc. Teeth are apatite (phosphate rock). Tendons are crystalline only when they are stretched. The myeline sheaths of nerve fibers are radial crystals. X-ray diffraction has proved that the silica in the lung of a miner dead of miners' phthisis is quartz (Fig. 4), and not a silicate.

The shorter the wavelength of radiation the higher the frequency. X-rays have a frequency of some quintillions of cycles per second. The higher the frequency the larger the energy. We put this large energy to work for therapy. The energy is absorbed by two mechanisms (Fig. 5). By either mechanism a high-speed electron is produced. These high-speed electrons are so energetic that they leave a track of ions in their path. One might penetrate several cells before it stops, and leave a thousand pairs of ions in its wake (Fig. 6).

There is no job of chemical work too big for such an agent to accomplish. But the total reaction is pretty small scale. A full x-ray treatment means that each cell is simply riddled with such ionized tracks. Yet so huge is the number of atoms in a

* From the Stanford University School of Medicine, San Francisco.

Read before the general meeting at the sixty-ninth annual session of the California Medical Association, Coronado, May 6-9, 1940.

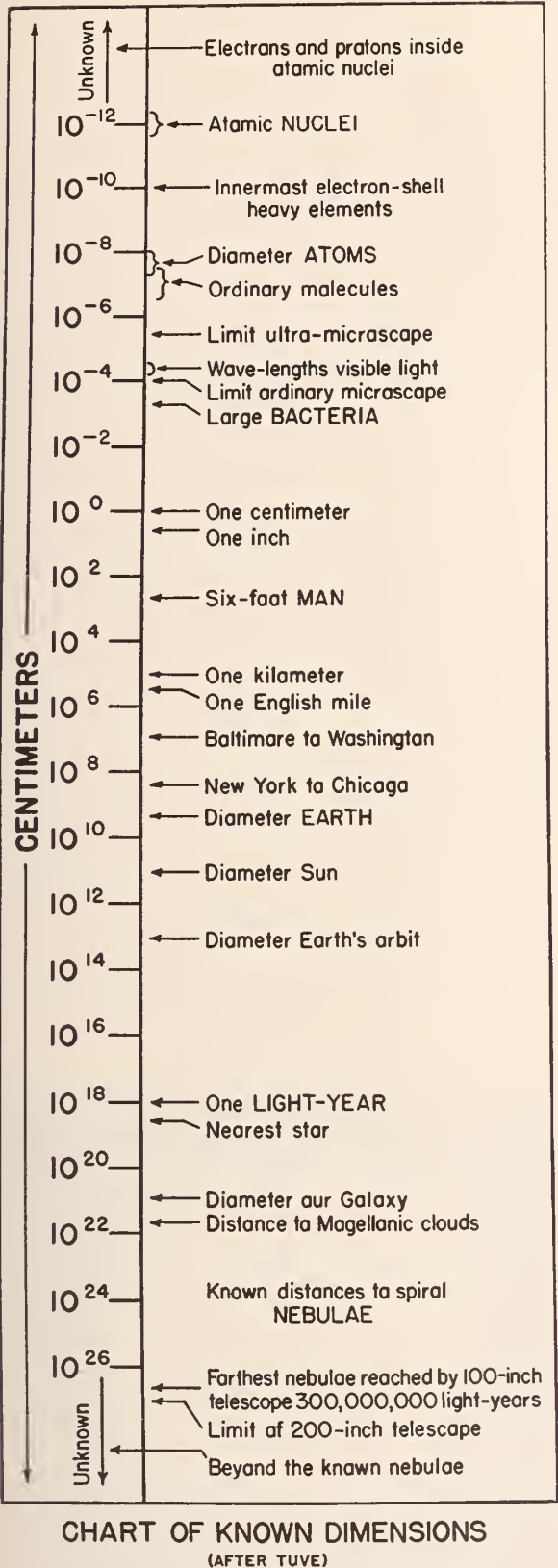


Fig. 1.—After M. A. Tuve.

cell (many quintillions) that the total effect is negligible unless some of the spots affected happen to be essential to the life or function of the cell.

X-ray destruction of many kinds of molecules in a cell might leave plenty of their kind uninjured,

and the loss might later be repaired. But in the chromosomes (Fig. 7) we have an aggregation of unique molecules (genes, the geneticists call them), each variety essential for some or many of the functions of the cell. The complicated mechanism of mitosis is, of course, the way in which migration of a complete set of genes is assured to each daughter cell.

Experiments on the hereditary injuries (genetic mutation) produced by x-rays have shown clearly enough that the effect of radiation may appear in just one spot within the cell.

X-rays, being of the nature of light, have similar properties, but in markedly different degree. Table 1 contrasts and compares the two. One

TABLE 1.—Comparison of Properties of Light and X-rays		
LIGHT		X-RAY
very	visible	slightly
yes	goes straight	yes
some things	penetrates	other things
by molecules	absorbed	by atoms
by fogs, grains, etc.	scattered	by electrons
much	refracted	very little
much	reflected	very little
some	ejects electrons	dominant effect
some	sometimes ionizes	dominant effect
some	affects chemicals	some
yes	affects photographic film	yes
yes	makes some chemicals fluoresce	yes
yes	shows interference effects	yes

cannot make an x-ray camera (except a pin-hole camera) nor an x-ray searchlight. Lenses and mirrors depend upon refraction and reflection, which are very slight indeed for x-ray.

X-RAYS FOR SEEING GROSS STRUCTURE

X-rays penetrate and yet they are absorbed. So we get a shadow of the internal structure of things. Fortunately, man is of a size that a reasonable amount of x-ray gets through. If men were elephantine, even with many times an elephant's intelligence, none would be radiologists.

DIAGNOSTIC ROENTGENOLOGY

Diagnostic roentgenology is founded on shadows. Now, ordinary shadows are silhouettes, a segregation of none and some. But a roentgenogram is a record of a similar segregation of little and much. How little and how much is given for each point in the roentgenogram by the amount absorbed out of the x-ray beam in its passage through the body, where it has met substance of differing thickness, density, and composition. The composition is extremely important, because the heavier elements absorb x-ray very strongly indeed. To double the atomic weight is to increase the rate of x-ray absorption sixteenfold (except for scattering). The higher the voltage on the x-ray tube, the more penetrating the ray, but the less, of course, the contrast. We have to choose a quality "hard" enough to get an exposure through a (thick or thin) patient, and "soft" enough to show perceptible contrast between different structures. This, of course, while scattered x-ray fogs the whole film and further dilutes the precious contrast. Compro-

CHART OF SOME ELECTROMAGNETIC RELATIONS

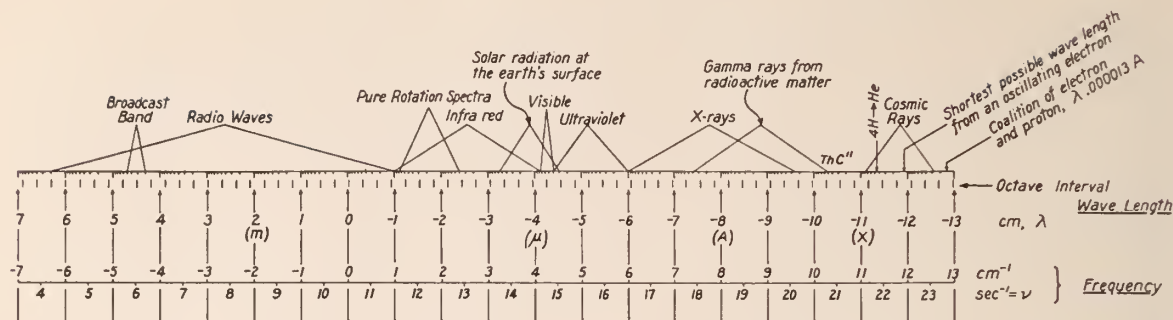


Fig. 2.—After Deming and Cottrell *Rev. Sc. Instr.* 3:296, 1932. The numbers are powers of 10, so that 6 means one million and —6 means one millionth. M, μ , A and X mark one meter, one micron, one Angström unit, and one X unit, respectively.

mise voltage on the tube might be 40,000 or 80,000. But often what we wish to show just has not a difference large enough in density or composition from its surroundings. Fortunate, indeed, the situation in the chest where the air-filled lungs afford contrast for the heart and aorta and for diseased portions of themselves! Fortunate, too, that our skeleton is bony and not cartilaginous like a shark's. But many organs of the body are embedded in substance of even density and composition with themselves.

Many of the ways, natural, accidental and strategic that are known and used to render the invisible radiologically visible are listed in Table 2.

Engineers use roentgenography, too, and have their textbooks on x-ray inspection of welds and materials. X-ray inspection is practiced on very diverse products, *e. g.*, oranges, packages of sugar, radio tubes.

RADIATION THERAPY

The alpha rays of radium are so little penetrating that they can be used in medicine only by injecting or ingesting the radium. This has proven useless and dangerous, so is no longer used.

The beta rays of radium penetrate but little, but as far as they go they act the same as x-rays. In fact, x-rays and gamma rays act on the body by turning first into beta rays (refer again to Fig. 5). Gamma rays are the same as x-rays—the hardest of them to be matched, however, only by running the x-ray tube at two million volts.

Physically, therefore, x-rays and radium can be lumped together. But clinically they are to be distinguished by their format. X-rays come from big tubes and in large amounts. Radium comes in small sizes and small quantities. Because radium

is small and cold it can be put inside the body. For treating some diseases in some situations, one must have radium.

Radium and x-rays are used a great deal for treating cancer. They are a priceless remedy. But they are not a satisfactory ultimate solution of the cancer problem, though at present they are the best thing we have to use when cancer comes to treatment in a stage or a site dangerous or impossible to extirpate surgically. Janeway wrote, twenty years ago, of his heart-break on discovering that so many cancers recurred after such a promising primary regression after radium treatment. The same disappointment comes still far too frequently to the physician who treats cancer. But the good done with x-ray and radium is so great, often spectacular, that their use against cancer has come to dominate our thoughts about them. This is the more inevitable since cancer has moved into second place as a cause of death.

But x-ray (and radium) have many other therapeutic uses. Many inflammatory conditions and many skin diseases are helped by them. Radiation

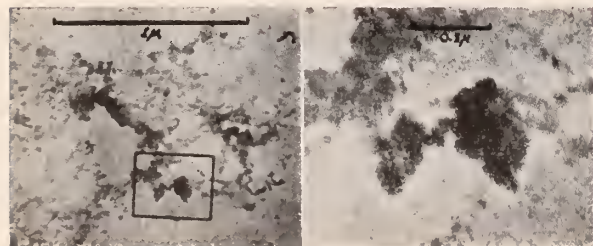


Fig. 3.—Berton, Hilliar and Prebus (*Physical Rev. Sc.* 117:1, 1940) at Cornell made this electron micrograph of colloidal gold.



Fig. 4.—Powder diffraction roentgenograph of ash from lung of a stonecutter dead of silicotuberculosis. Silica composed 1.22 per cent of the weight of dry lung. The brightest ring indicates an atomic spacing of 3.34 Angström units, characteristic of crystal quartz. Sweeney, Klaas and Clark, *Radiology* 31:303, 1938.

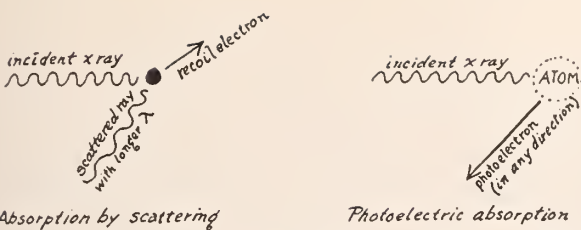


Fig. 5.—Mechanism of absorption of x-ray. The production of a photoelectron becomes less likely as the wavelength of the x-ray becomes shorter.

offers a way to influence the ductless glands. But here is a field that is full of pitfalls, and the experience of all of us is full of disappointments. Part of the trouble, of course, is the interdependence of the ductless glands among themselves. An-

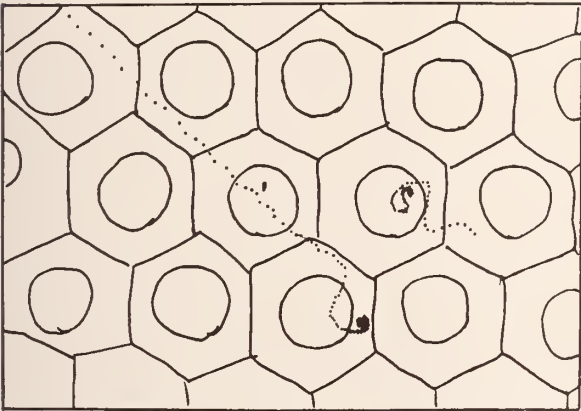


Fig. 6.—Photoelectrons and recoil electrons ionizing tissue.

other difficulty is that most of them are not very radiosensitive.

ADVANCES IN APPARATUS

Although much old roentgen apparatus is still serving well,* yet, on the whole, the improvements from year to year are beautiful and very expensive. Even so, the cost of radiology to the patient is mostly the radiologist, and not his machines.

Increased efficiency of radiographic equipment has been offset by the increased complication of newer diagnostic methods and the time they consume. For examination of the brain by injection of air, for example, a surgeon, a radiologist, his technician, an anesthetist, a resident surgeon and a couple of nurses may be working over the patient for an hour or two, and the surgeon and radiologist may puzzle their heads for another hour over the evidence obtained.

In roentgen therapy increased efficiency of equipment has been more than offset by the multiplication of sittings characteristic of modern treat-

*The author is using daily a large transformer that Clyde Snook built in 1909.



Fig. 7.—Chromosome of a fly, *Drosophila azteca*. This from the salivary gland where giant chromosomes occur, large enough for microscopical analysis. Dobzhansky and Socolov, Jour. Hered. 30:3, 1939.

ment of cancer. We are working so much harder over the treatment of our cancer patients that one pioneer radiologist has actually complained in print that we can no longer afford to do therapeutic radiology, but must make our livings out of diagnostic radiology. He goes too far, of course, but it is true that we are working harder and harder over our patients all the time. This is not by any means wasted effort. It has undoubtedly yielded more in improved results than the development of apparatus to run at 400,000, 800,000, and 1,200,000 volts.

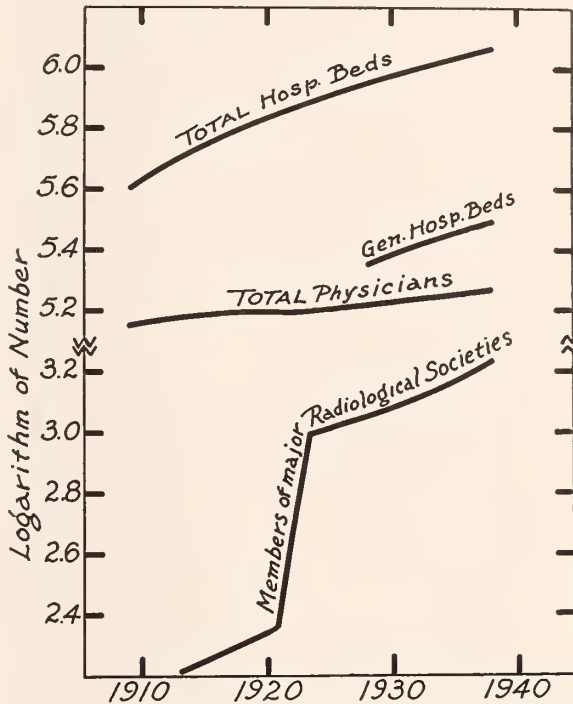


Fig. 8.—The growth of radiology as a medical specialty.

The step from 130,000 volts to 200,000 volts worked a revolution in the therapy of deep-seated cancer. It was hoped in 1930 that a second doubling of the hardness would compound these benefits. On the whole the betterment, while perceptible, has proved disappointingly modest in degree. From the physical standpoint, we have already at 200,000 volts wavelengths so short that absorption by light elements is mostly by scattering. The coefficient of scattering changes but slowly with wavelength. Further improvement in penetration depends, therefore, mostly on a secondary effect, the gradual alteration in the preferred direction of scattering which becomes predominantly forward rather than backward. Roughly speaking, it is only for the thickest parts of the body that “super-voltage” pays.

As to superiority in biologic effect, it has always been hard to understand how quanta of energy

as large as even the softest x-rays can be selective or specific in a chemical sense. We need to visualize the mechanism. The x-rays give rise in the body to high-speed (recoil and photo-) electrons (just like beta rays), which ionize some of the molecules that they pass until they have used up their energy and stop. Now some of them have lots of energy and a long path, and some have a short path, but the ends of all are alike—densely ionized, for the efficiency of ionization is better for slower speeds. Those of originally high energy show, then, much sparser ionization in the early parts of their paths. Now a heavy x-ray treatment might just riddle every cell with a total of a thousand ionized tracks, some passing through several cells before they stopped. But the distance between tracks would still be large compared with the distance between ions along a single track.

The only physical difference between equal doses of hard and soft x-ray lies in this matter of columnar density of ionization. At 200 k. v. with heavy filter, we reach apparently a maximum situation. The picture is of a lot of short tracks—just densely ionized termini. At 100 k. v. there are a few more long tracks of photo-electrons. At 1,000 k. v. the recoil tracks also have become long. If one could use monochromatic x-rays, one could observe integral length of ionization track per unit energy absorbed differing by a factor of 5 or 6 within present practical voltage limits. But we actually do use mixed wavelengths, and scattering within the body degrades, especially, the harder components, so the integral range and its associated average columnar density can be studied clinically only over small variations.

Alpha rays (and neutron rays) give columnar ion densities of an entirely different order—one hundred times as great. For the former, one experiment is reported as showing fivefold killing power for twofold increase in columnar density. Yet many experiments are reported showing a factor of only 2 to 5 between x-rays and neutron rays (in terms of total ionization). The increase in effectiveness with ion density at high densities is so rapid as to leave very little to be accounted for in the lower ranges of ion densities. It looks as if the biologist ought to pay almost exclusive attention to the spot of high ion density at the terminus of each electron track, except for genetic effects where a single ion may produce an irreversible injury.

If there is any truth in this, then further increase in tube voltage is going to make hardly any further difference in the clinical effects of the x-rays. Excepting only that a somewhat larger dose, measured as total tissue ionization, will be required for the same effect. Stone has shown that the visible reactions to therapeutic doses of x-ray at 1,000,000 volts and at 200,000 volts follow the same course, reach the same climax at the same time, recover at the same rate, and lead to the same sequelae, when they are similarly given.

X-ray and radium have today an unassailable position in the therapy of cancer. They are a priceless medicine in relieving the sufferings caused by this disease which has become the second most frequent cause of death. But radiation is not, today, a satisfactory solution of the cancer problem—not anywhere near it. And from what is written above, it does not look as if higher voltages are going to make it a satisfactory solution. I fail to see in the physics of the problem any promise of a revolution in irradiation of cancer.

RADIOLOGY AS A MEDICAL SPECIALTY

In the early days the new discovery was taken up by an extraordinary array of doctors, scientists, and dilettantes. Clinical radiology was at first in the hands of those who could make the tubes and machines work, often electricians or photographers without medical education. But for some years now radiology has been definitely a medical spe-

TABLE 2.—X-ray Contrast Media in Ordinary Diagnostic Use Today

AIR or GAS

Natural

- Lungs, bronchi, larynx
- Nasal accessory sinuses
- Gastro-intestinal tract

Accidental

- Pneumothorax
- Pneumopericardium
- Pneumoperitoneum (perforated ulcer)
- Subcutaneous emphysema (wounds or gas-bacillus)
- Subarachnoid or subdural air

Injected

- Ventricles of brain
- Subarachnoid space of cord and brain
- Pleural sac
- Peritoneal sac
- Colon
- Bladder
- Stomach (CO₂ generated *in situ*)
- Uterus and fallopian tubes
- Perirenal
- Joints

OPAQUE SUBSTANCES

Natural

- Bones
- Calcifications
- Calculi

Accidental

- Foreign bodies

Inserted

- Wires, pins, etc.
- Catheters in urinary passages, etc.

Ingested and injected

- Gastro-intestinal tract (barium sulfate, thorium dioxide sol)
- Tracheobronchial tree (iodized oil)
- Spinal subarachnoid space (iodized oil)
- Urinary tract (solution of sodium iodide or of some organic iodine compound, thorium dioxide sol)
- Uterus and fallopian tubes (iodized oil)
- Vas deferens and seminal vesicles (iodized oil)
- Amniotic sac (organic iodine solution)
- Salivary ducts (iodized oil)
- Lachrymal duct (iodized oil)
- Nasal accessory sinuses (iodized oil)
- Heart and arteries and veins (thorium dioxide sol or organic iodine compound)
- Bile passages (iodized oil through operative fistula)
- Fistulae, sinus tracts, abscess cavities (iodized oil, or suspension of barium sulfate or of bismuth subcarbonate)

Opaque substances injected or ingested to be excreted into:

Gall-bladder

- (oral: tetraiodophenolphthalein)
- (by vein: phenoltetraiodophthalein)

Urinary tract

- (by vein: diiodopyridon acetic acid-diethanolamine, etc.)
- Liver and Spleen
- (by vein: thorium dioxide sol)

TABLE 3.—Distribution of Physicians and Radiologists

	United States	San Francisco
General hospitals		
Beds per 1000 population	3	10
% having x-ray dept.	81	100
% of x-ray depts. having M.D. director	85	100 (50% full-time)
Physicians		
per 1000 population	1	3
per radiologist	100	60

cialty, however intruded upon by layman and chiropractors.

Figure 8 shows the growth of the specialty of radiology compared with two other measures of the developing practice of medicine, namely, number of licensed physicians and number of hospital beds. There is today one radiological specialist to every hundred physicians, whereas thirty years ago it was one to a thousand. Moreover, the specialty seems to be still in the logarithmic ("compound interest") portion of its growth curve. When the curve will level off and reveal the approach to saturation, I cannot predict. Inasmuch as the roentgen consultations of a couple dozen busy physicians will support a radiologist, it is apparent that much radiology is being done by others than members of the major radiological societies. Moreover, it is not unlikely that some patients could be helped by roentgen diagnostic and therapeutic services not now being given them.

Cities are better supplied with medical services than the country generally (see Table 3). With continuation of the tendency of medicine to become more complicated, and of people to demand better medical care, one expects these ratios to increase. And with the continued betterment of transportation, one expects the country districts to demand services more and more nearly on a par with the cities. These things suggest that radiology still has room for expansion. Extrapolation of the curve of Figure 8 predicts the course of its further expansion.

EDUCATION OF RADIOLOGISTS

As we get more and more radiologists, more and more goes into the training of each of them. When I was a medical student, San Francisco had three medical radiologists, only one of whom had sat at the feet of a master. Twenty-five years later there are thirty, a third of whom have served residencies in medical school radiology departments. Now the two medical schools are training one radiologist for every thirty medical graduates. Specialist's training twenty years ago was about three months. Today it is three years.

The increase in number of radiologists measures fairly the increased importance of x-ray in medicine. The work done per radiologist seems to remain about the same. Floor space given to hospital x-ray departments has perhaps doubled in the past twenty years, being now about as much as the floor

space given over to operative surgery. But so has the professional personnel about doubled. My own department used to have two radiologists and now has three, plus two residents. Its gross income has also doubled in the same time. Other general hospitals that used to have a radiologist half-time now keep him for the whole day. San Francisco got its first 200 k. v. therapy machine in 1921, its second in 1923. It now has twenty.

Radiology is a consultative specialty. The clinician and the radiologist need each other's guidance, both before and after the examination of the patient (or his treatment). For the radiologist, real consultation means opportunity and also means enjoyment. But the relationship to the referring physician is not always the same.

The diagnostic radiologist is serving the referring physician. He is primarily a medical scientist. His services to the patient are mostly at second-hand. He deals more in ideas than in medical care. (In order to make my point, I am consciously playing down the clinical acumen needed to choose the most promising line of examination and the medical technique needed for injection of contrast substances, etc.)

The therapeutic radiologist is a full practitioner of medicine, not merely an exponent of his science. He has need of a full measure of the art of taking care of sick people. The response of the patient reveals this difference, too. A patient referred for therapy looks to the radiologist as his physician, asks his advice and prescription for, often, all his ills. A patient referred for diagnostic radiology often remains ignorant of the personality of the radiologist—even of his name.

The good roentgen diagnostician will have a mental alliance with the internist. His observation will be topical, but his thinking will cover the patient's entire constitution. The good therapeutic radiologist will be in thought rather allied to the surgeon. He will do well to think constantly of his patient as a whole, but his therapeutic attack will usually be narrowly topical.

It is odd to see surgery and internal medicine attracting each its own specialist, while radiology still generally holds its two components in the same pair of hands. It is a relic, I suppose, of the pioneer days when x-ray machinery was difficult and rare, and one who had it and could operate it needs must be asked to do everything it was adapted to.

As the knowledge and techniques of medicine increase, it becomes more difficult for one doctor to cover a major portion of its field. More and narrower specialization is the observed result. Density of population and ease of communication ameliorate its disadvantages, for a city dweller can easily see several specialists, and often does. A serious drawback to specialism is, of course, its tendency to narrow the doctor's field of knowledge and interest. Here, I think, is a great opportunity for the diagnostic radiologist, who will likely have many different specialists among his clients. I like to think of the radiologist as a catalyst of scientific exchange among the too much isolated specialism which has developed in medicine.

COST OF RADIOLOGY

More things to know and more things to do, and more specialists to do them, all mean more costly medical care. Radiology undoubtedly stands out in this picture of increasingly extravagant medicine. It is difficult to cry economy in medicine, however. One hardly dares cry efficiency lest the result be mechanization and hence interference with progress.

Our social feeling in regard to medical services is not like that toward, say, travel services. If one cannot afford air travel we shall prescribe a Pullman, or even a day coach. But if a man needs a year's sanatorium care and pneumothorax every fortnight, well that is what he needs, and, frankly, that is what we propose to get for him somehow. I do not see how one can conscientiously adopt a less reckless ideal.

We do not willingly set a limit to the cost of radiology or of any other branch of medicine.

However much we may increase efficiency, develop new methods, new discoveries, in therapy and preventive medicine; however much we may perhaps better the race by the practice of eugenics, still I do not see how the total cost of medicine can ever diminish again. The more we are successful in medicine the more we shall save people to live to a ripe old age when they will need more doctoring and nursing than ever.

I did not mean to end on a pessimistic note. Fact is, I am one who confidently expects to be saved to live to a ripe old age, to be a burden on my family, and to enjoy myself immensely watching all the marvelous inventions and discoveries that are going to be made in radiology, and medicine, and science and engineering in the next half-century.

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DEVELOPMENT AND CLINICAL USE OF VITAMIN K*

By GARNETT CHENEY, M. D.
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OUR early knowledge of the manifestations of vitamin K deficiency may be exclusively attributed to the findings of research workers in the field of poultry husbandry. Over ten years ago Dam,^{1,2} in Denmark, began to study a hemorrhagic disorder in fowls which was apparently dependent upon some sort of dietary deficiency. This condition was at first thought to be scurvy, but it was soon shown that vitamin C deficiency did not occur in birds. Subsequently, the condition was designated as fowl hemophilia, because of similarity to human hemophilia. During the five years preceding 1938, Dam continued his studies of this disorder, and Almquist of the University of California³⁻⁵ carried out a number of important obser-

vations on the same condition, with particular reference to its manifestations under different dietary regimens. It was found that various green materials, such as grass, cabbage, and alfalfa, and also liver fats, were the source of a substance which would either prevent or cure the hemorrhagic tendency. This substance was designated "Vitamin K" and has subsequently been isolated in practically a pure form.

The manifestations of vitamin K deficiency in chicks was studied in the laboratory at Stanford University Medical School during 1936 and 1937. Certain clinical and hematologic findings of Dam and Almquist were confirmed. It was also observed that chicks deficient in vitamin K had not only very long blood coagulation times, but that also the coagulation time of recalcified blood plasma was greatly prolonged; and that this was a better index of an early stage of deficiency than tests on whole blood coagulation. It was found, too, that preparations of soluble globulin substances (prothrombin) were effective in accelerating blood and plasma coagulation *in vitro* as well as preparations of thromboplastin. This work has been carried on since 1937, in addition to the study of patients who showed evidence of vitamin K deficiency.*

In 1937, Quick⁶ pointed out that the blood showed low prothrombin levels not only in certain cases of jaundice but also in chicks with vitamin K deficiency. This led to two reports in the following year, dealing with the successful administration of vitamin K to patients with jaundice.^{7,8} These studies proved that vitamin K would control the hemorrhagic tendency in patients with obstructive jaundice and completed the final link of evidence which showed that a previously unknown hemorrhagic diathesis in chicks was comparable to a hemorrhagic diathesis in man, the nature of which had up to this time baffled all medical investigators.

CAUSES OF DEFICIENCY IN MAN

The causes of vitamin K deficiency in man may be divided into five groups.

1. In hemorrhagic disease of the newborn and in prematurely born infants, the blood prothrombin level may be low and associated with a tendency to hemorrhage. That bleeding under these conditions can be controlled by the administration of vitamin K has been shown by Wardell and Du Pont⁹ and Dam, Tage-Hansen, and Plum.¹⁰

2. Any condition which excludes bile from the intestinal tract will tend to precipitate vitamin K deficiency, as this vitamin is fat-soluble and, consequently, bile is necessary for its absorption through the intestinal wall. Practically, such a deficiency may be caused by complete closure of the common bile duct for a period of days or weeks, or by the development of a biliary fistula with no bile entering the duodenum.

3. Little is as yet known concerning disturbances of fat metabolism which may interfere with the absorption of vitamin K. This might occur in sprue or celiac disease^{11,12} or possibly in certain

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* A grant recently received from Eli Lilly and Company has materially aided in the continuance of these investigations.

cases of gall-bladder disease.^{13,14} Theoretically, a diet very deficient or devoid of fats might result in similar consequences.

4. Disorders of the intestinal tract which interfere with absorption, such as chronic inflammation or multiple strictures, or which produce excessively rapid elimination, such as dysentery or ulcerative colitis, may produce a lack of absorption of this vitamin.¹¹

5. In certain cases of hepatitis and cirrhosis, the liver damage has been shown to be associated with a prothrombin deficiency which has been corrected after the administration of vitamin K. A hemorrhagic tendency occasionally occurs in such cases.¹⁴⁻¹⁶

In clinical work the number of cases displaying a diminution in vitamin K leading to serious hemorrhage is very small indeed. The best examples of a true deficiency in this vitamin are cases of long standing, complete obstruction of the common bile duct, long-standing biliary fistula, and the hemorrhagic diathesis of the newborn. Despite the tremendous number of recent reports dealing with this subject, the number of definitely positive cases of vitamin K deficiency requiring intensive therapy is not great.

DETECTION AND TREATMENT OF THE DEFICIENCY

Four procedures are available for the diagnosis of vitamin K deficiency.

1. Obvious clinical evidence of deficiency is the appearance of unexplained bleeding in a case which may be suspected of being deficient in vitamin K, such as a patient with intense jaundice or with hemorrhagic disease of the newborn. Such cases are uncommon, but represent a true medical emergency for which there is now an adequate method of control.

2. Patients with a prolonged plasma coagulation time, which is a modification of Howell's prothrombin time, may tend to bleed on a basis of vitamin K deficiency.¹⁷ This test is simple to perform and has given very satisfactory results in the hands of the writer.

3. Tests of so-called "prothrombin time" as devised by Quick¹⁸ and Ziffern and others,¹⁹ have been used in a number of medical centers as an index of vitamin K deficiency because such a deficiency has been associated with a low prothrombin level. These tests have the common drawbacks that they require the addition of unstable tissue extract preparations, and that it seems probable that the prothrombin time may not be a true index of the bleeding tendency in vitamin K deficient patients; as a parallel diminution in clot-retarding substances (antiprothrombin, antithrombin, and heparin) may also be present and might maintain the normal balance of the coagulation mechanism which would nullify the bleeding tendency.

4. The "serum volume test" of Boyce and McFetridge²⁰ is a simple procedure, but its reliability in a large number of cases is yet to be proved.

THERAPEUTIC MEASURES

For the correction of a proved deficiency in vitamin K a number of therapeutic measures are at the disposal of the physician.

1. In those cases which are due to lack of bile salts in the intestines, the administration of bile salts alone is adequate, as vitamin K is usually present in large amounts in the intestinal contents. One to three grams of bile salts a day given by mouth is usually quite sufficient to promote adequate absorption.

2. The use of food materials known to contain vitamin K may be all that is necessary in treating certain cases where bile metabolism is apparently normal; but, as a rule, the administration of bile salts with the vitamin K preparation is desirable. Dietary greens, such as spinach and sprouts and cabbage, are good food sources. A concentrated product, which is an excellent source of vitamin K, is readily available in the form of canned mixed greens. The contents of one can (four and one-half ounces) daily is sufficient. Another product which is quite satisfactory is a preparation made from green grass stalks marketed under the name of cerophyl.²¹ This may be administered in doses of twelve to twenty-four tablets a day, or three to six teaspoonsful of the powdered form.

3. Concentrated oily extracts of vitamin K derived from alfalfa are also available, and are highly effective. The dose of these, as marketed, is one or two capsules three times a day. However, these rather expensive products are being replaced by synthetic ones, most of which seem to be just as active.

4. Various naphthoquinone preparations have now been shown to be highly effective in the treatment of vitamin K deficiency.²² Adequate dosage consists of one or two milligrams, two or three times a day, as a curative dose, and one milligram daily as a prophylactic dose.

In most patients oral therapy alone or with bile salts is usually quite adequate. The response can often be demonstrated in twelve to twenty-four hours. However, in certain cases parenteral treatment is either desirable or positively indicated. This is particularly true in infants, or in adults with persistent vomiting or postoperative gastric complications. Preparations for injection are not generally available, but have been studied experimentally. Two preparations are water-soluble, 4-amino-2 methyl-naphthol hydrochloride and 2 methyl-1, 4 naphthoquinone, and have been very satisfactory, in the experience of the writer, in treating both birds and man. A single dose of four to six milligrams intramuscularly or intravenously is rapidly effective in man and may be sufficient to control the deficiency for at least a number of days.^{13,23} Practically, it would be advisable to give daily injections during the time that deficiency is suspected or demonstrated, and subsequently for three or four days. These substances have been shown to be effective in chicks with marked vitamin K deficiency within twenty to thirty minutes.^{17,24}

MANAGEMENT OF A CASE OF VITAMIN K DEFICIENCY

Patients with jaundice will fall into one of three general groups:

1. A patient will show no clinical evidence of bleeding at the time he is seen, and tests indicating a vitamin K deficiency and tendency to hemorrhage will be normal. Such patients if operated upon may show abnormal tests and a tendency to bleed three to six days postoperatively despite previous normal tests. If the blood cannot be tested for deficiency regularly, it is advisable to treat these patients with vitamin K and bile salts by mouth for twenty-four to forty-eight hours preoperatively and six to eight days postoperatively.

2. Patients with jaundice without clinical bleeding, but with tests indicating definite vitamin K deficiency, should all receive adequate treatment until the tests are normal. If these patients are to be operated upon, treatment should also be continued postoperatively.

3. Patients with jaundice and active hemorrhage are rare, but require immediate treatment. Administration of the vitamin and bile salts by mouth may prove adequate and control bleeding within a few hours, but the use of the vitamin by injection is more desirable and produces a truly remarkable curative effect with rapid cessation of bleeding.

REPORT OF CASE

A typical case of obstructive jaundice requiring vitamin K therapy is that of Mr. J. H., a 48-year-old bartender, complaining of jaundice. He had had an attack of abdominal pain, diagnosed as gall-bladder colic a year previously, and had had considerable indigestion and slight jaundice two months previously. His present jaundice attack was a sudden onset four weeks previously and was accompanied by very severe upper abdominal pain. Since then he had lost considerable weight, had noted marked itching of the skin, and had had very dark urine and manila-paper-colored stools. Nausea and vomiting had occurred at times. Physical examination revealed an intense jaundice. The liver was enlarged three fingers-breadth below the right costal margin, but was not tender. There was no evidence of mucosal or skin bleeding. The icteric index was fifty units. His plasma coagulation time was forty minutes. The urine contained bile, and the stools were negative for bile. He was treated with vitamin K and bile salts orally, and two days later his plasma coagulation time was seven minutes (normal). He was then operated upon and a stone removed from the common duct. No undue bleeding occurred. He made an excellent recovery and has remained well since the day of operation, November 15, 1938. A record of his plasma coagulation studies in relationship to operation and vitamin K therapy is shown in Figure 1.

COMMENT

Hemorrhagic disease of the newborn has been adequately studied already^{9,10,25} and, obviously, vitamin K should be administered parenterally without delay. The writer has had no personal experience in this type of case, but the references given cover the subject completely to date.

In other disorders where vitamin K deficiency is suspected, either because of hemorrhage or because of abnormal blood tests, vitamin K therapy should be given a trial. If it is not effective orally, it should be administered by injection. Three patients with uremia and a tendency to bleed have been studied, which showed a tendency to pro-

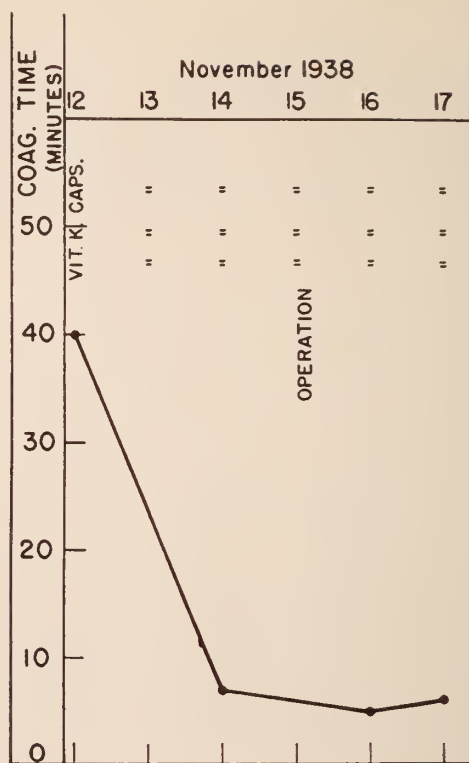


Fig. 1.—Chart showing plasma coagulation in relationship to operation and vitamin K therapy.

longation of plasma coagulation time. Upon the administration of vitamin K the plasma coagulation time has been considerably reduced and free bleeding has stopped. In patients with uremia and hemorrhage, a trial of vitamin K therapy might be justifiable as symptomatic treatment.

In hemorrhagic states other than those described, such as hemophilia, thrombocytopenic purpura, and anaphylactic purpura, there is at present no indication to administer this vitamin. There is no positive evidence at present that the administration of vitamin K to a patient with a normal plasma coagulation time or normal prothrombin time will reduce the tendency to bleed in cases of epistaxis, duodenal ulcer, uterine bleeding, or operative bleeding.

It has been stated that there is no danger from K-hypervitaminosis,⁶ but, theoretically at least, the very short blood and plasma coagulation times following injections of synthetic vitamin K may predispose to vascular thrombosis in debilitated patients.

SUMMARY

The development of our knowledge concerning the function and use of vitamin K during the past ten years has been briefly reviewed. The various causes of its deficiency in man, and the diagnosis and treatment of the syndromes which they produce, have been outlined. It has been emphasized that definite cases of marked vitamin K deficiency which require treatment are not common, but there are a number of conditions not yet sufficiently studied which might be benefited by vitamin K therapy.

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CLINICAL NOTES AND CASE REPORTS

RETREAT TO PHARMACOLOGY?*

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IN their book, "Sex and Internal Secretion," Allen and coworkers state that, at the present time, changes occurring in the vascular system seem to offer the greatest promise of an exact explanation of the physiology of menstruation. Research reports by Bartelmez,¹ Markee,² and Daron³ have shown that the mechanism of menstruation involves both general and local control of the endometrial vessels.

During the past few months a number of publications have appeared which demonstrate that the vascular activity plays a much more important rôle in the mechanism of menstruation than had been expected. Up to now menstrual irregularities were primarily ascribed to endocrine disturbances and treated correspondingly with hormones, not always successfully.

In a large number of animal experiments, Hechter, Lev, and Soskin⁴ studied the question, whether estrin directly stimulates the cells of the uterus and vagina, the hyperemia being secondary, or whether increase in the blood supply is primary, and stimulation of the cells secondary. They were able to show that the uterine distention could be inhibited by atropin and duplicated by yohimbine. Their final conclusions are that a very large proportion of the estrus phenomena in animals is dependent on hyperemia. Since hyperemia is presumably controlled at least by the parasympathetic nervous system, they venture the opinion that in women, in spite of normal hormone secretion, vascular disturbances can interfere with the normal menstrual cycle. Putting their results into practical use, Soskin and co-workers⁵ began to treat patients with delayed menstruation with a nonspecific hyperemic agent. Using a synthetic physostigmine-like substance—Prostigmine—they invariably precipitated the menstrual flow, unless the patient was pregnant. In this way they were able to elaborate a new test for early pregnancy.

Kurzrok and co-workers⁶ studied the action of the synthetic atropine-like substance Trasentin on

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the ovary and uterus of rabbits, and could show that this drug stimulates the development of follicles in the immature rabbit. Ovulation occurred once, which is particularly interesting since rabbits do not ovulate spontaneously. In mature rabbits marked hyperemia of the uterus occurred, the number of ripe follicles increased, and ovulation occurred again in one animal. Mature and immature rabbits showed hemorrhages into follicles.

Fuerstner⁷ studied the reaction of ovaries and tubes of rabbits to repeated vascular spasms induced with pitressin, and produced active hyperemia in the tubes accompanied by cellular infiltration. The ovaries showed a similar active hyperemia and an obvious increase in the number of ripe follicles. Ovulation occurred in two animals. Marshall, Verney and Vogt⁸ had similar results with Picrotoxin.

Wilson and Kurzrok⁹ published two extremely interesting clinical cases in which a secretory endometrium was present on the sixth day after the completion of the menstrual flow. They explain this extraordinary finding as a temporary dissociation between the endometrial and the vascular components of the menstrual cycle. They state in their conclusion that the much-discussed "bleeding factor" in menstruation is seen as the potentially variable reaction of the endometrial blood vessels.

All these findings show that the vascular responsiveness of the female sex organs is at least partially independent of the hormone secretion. The parasympathetic nervous system seems to play an important rôle. This would explain the menstrual irregularities which have been ascribed—probably correctly—to changes in the environment, emotional shocks, and physical strain. Treatment in these cases should, therefore, be directed primarily to influencing the parasympathetic nervous system.

450 Sutter Street.

ACUTE SUBDELTOID BURSITIS*

A CLINICAL picture characterized by sudden onset of agonizing pain and stiffness in the shoulder was described as early as 1872 by Duplay under the name of periarthritides humeroscapularis. He had correctly recognized the subdeltoid bursa as the seat of the lesion. Codman in 1904 called attention to the rôle of the tendons of the short rotators in the production of many lesions giving rise to painful shoulder. He stressed in particular the importance of rupture of the tendon of the supraspinatus muscle in the production of subdeltoid bursitis. With the advent of x-rays, calcified deposits were demonstrated in the substance of the tendons of the short rotators. As the result of observations in cadavers (Meyer) and in operations,

the following concept has been evolved: Repeated minor traumas produce minute tears in the substance of the tendons. These tears, because of poor circulation in a tendon, result in areas of local necrosis with formation of calcium deposits. At some time an area of calcification, usually in the tendon of the supraspinatus muscle, becomes the seat of an acute inflammatory process which produces tension in the unyielding fibers of the tendon. The acute inflammation extends to the overlying bursa. The resulting clinical picture is characterized by acute agonizing pain in the shoulder and exquisite tenderness over the great tuberosity and the insertion of the deltoid muscle. Any attempt at abduction increases the pain. X-ray examination usually discloses a relatively large calcified deposit. The acute stage subsides in one or two weeks with disappearance of the muscle spasm and pain and gradual return of motion. In cases in which complete recovery occurs, Codman believes, the soft calcified deposit has spontaneously ruptured into the bursa, whence it has been absorbed. Thus it appears that relief from pain and return to normal shoulder function depend on the relief of tension in the calcified area. This was readily accomplished by exploration of the bursa and incision of the calcified deposit in the supraspinatus tendon. The operation may be performed under general, local or brachial plexus block anesthesia. Haggart and Allen¹ obtained good results by injection of about 20 cubic centimeters of a 2 per cent procain hydrochlorid solution into the bursa and into the capsule of the shoulder joint. They believed that the relief of symptoms following this procedure was due to a more rapid removal of the calcified deposit due to improvement in the local circulation. They add, however, that injection of the tendon provides for rupture of some of the calcified material into the bursa, a point which Codman stressed as probably the means by which nature gives relief. Patterson and Darrach² obtained apparently as good results in the treatment of sixty-three patients with acute subdeltoid bursitis by introducing two needles into the bursa and forcing saline solution through one needle to flow out the other. They were able in that way to wash out the calcified deposits. Alanson Weeks³ in 1908 aspirated a subdeltoid bursa of a patient with acutely painful shoulder for diagnostic purposes. Although he had aspirated only about 1 cubic centimeter of straw-colored fluid, the patient experienced instantaneous relief from pain. Weeks has been able to obtain relief for forty patients by the simple procedure of multiple needling of the bursa whether he was able to withdraw fluid or not. He believes that the relief of symptoms is due to relief of tension effected by puncturing the firm walled sac in numerous places. The method is simple and may be performed under local or gas

⁷ Fuerstner, P. G.: Reaction of Tubes and Ovaries to Induced Vascular Spasm. In process of publication. Univ. of Calif. Publications in Pharmacology.

⁸ Marshall, F. H. A., Verney, E. B., and Vogt, M.: The Occurrence of Ovulation in the Rabbit as a Result of Stimulation of the Central Nervous System by Drugs, *J. Physiol.*, 97:128-132, 1939.

⁹ Wilson, L., and Kurzrok, R.: Menstruation and Endometrium, *Endocrinology*, 26:955-958 (June), 1940.

* From *Journal American Medical Association*, March 8, 1941.

¹ Haggart, G. E., and Allan, H. A.: Painful Shoulder: Diagnosis and Treatment with Particular Reference to Subacromial Bursitis, *S. Clin. North America*, 15:1537 (Dec.), 1935.

² Patterson, R. L., Jr., and Darrach, William: Treatment of Acute Bursitis by Needle Irrigation, *J. Bone & Joint Surg.*, 19:993 (Oct.), 1937.

³ Weeks, Alanson, and Delprat, G. D.: Subdeltoid Bursitis (Acute), *Internat. Clin.*, 3:40 (Sept.), 1936. Weeks, Alanson: Subdeltoid Bursitis, *Arch. Surg.*, 41:554 (Aug.), 1940.

inhalation anesthesia. According to Weeks, chronic conditions as well will be relieved and the calcium absorbed after the use of this method, unless the salt has organized into bony hardness, in which case surgical removal is justified.⁴

HIPPOCRATES' APHORISMS*

By MOSES SCHOLTZ, M. D.

Arcadia

SECTION FIVE (Continued)

23. Cold water is to be applied in bleeding
Or when one is expected, but not within
The center; also in inflammations,
And erysipelas with an unbroken skin.
24. Cold applications to the chest
Are mostly detrimental,
Being often in catarrhs and coughs,
And bleedings instrumental.
25. Joints, sore and swollen, gouty without ulcers,
Also sprains improve and gain
From applications of cold water,
Which checks the swelling and relieves the
pain.
26. That fluid is most light
Which quickly heats
And cools forthright.
27. Patients who suffer
With intense thirst,
Should try to quench it
Through sleeping, first.
28. The fumes of aromatics
Promote and bring on menses;
Their use would be much wider
But for heady consequences.
29. Pregnant women, upon indication
From the fourth to the seventh month can
well be purged;
But in the first and the last terms of gestation
Strong cleansing isn't safe and should be never
urged.
30. A pregnant woman
With an acute disease
Is in great danger
Of decease.
31. If a pregnant woman starts to bleed,
She is quite likely to abort;
And the larger fetus she may bear,
The more likely's the issue of this sort.
32. Hemoptysis occurring in a woman
Can well be caused to stop or to abate,
If her menses can be started
To flow normal and adequate.
33. A woman who is suffering
From stoppage of her monthly flows,
Easily obtains relief
With a bleeding from the nose.
34. If a pregnant woman's seized
With a violent bowel's-purging,
The perils of abortion
Around her are surging.
35. If in a hysteric woman
A fit of sneezing does occur
In the midst of tedious labor,
Sneezing acts as accoucheur.
36. When menstrual discharge is bad of color
And is irregular in quality,
That means that woman is in need of purging
Or of emmenagogues quite urgently.
37. If in a pregnant woman
The breasts lose suddenly
Their previous engorgement,
Miscarriage impends instantly.
38. If in pregnancy with twins
The fullness of one breast should fail,
One twin is lost: left breast
Means the female; right breast, the male.
39. If a woman who isn't heavy with a child
And hasn't delivered one of late,
Has milk secretions in her breasts,
Her menses're in obstructed state.
40. If blood engorges
A woman's breast,
A state of madness
Is manifest.
41. To test if a woman is with child,
Give her a draft of hydromel
On fasting stomach, before sleep:
If she is griped, her womb will swell.
42. If a pregnant woman has good color,
She is sure to bear a male;
But, if her color is unhealthy,
Her offspring's a female.
43. Erysipelas
Of the womb,
In a pregnant woman
Spells her doom.
44. Women who are very lean
Easily abort,
Until they gain enough in weight
Their fetus to support.
45. If middleweight women do abort
At an early term,
Their placenta, filled with mucus,
Tears asunder, not being firm.
46. Women who are too obese
Don't easily conceive,
As the fat-occluded cervix
Precludes the sperm to live.

413 Longden Avenue.

(To be continued)

⁴ Weeks, Alanson, and Delprat, G. D.: Acute Subdeltoid or Subacromial Bursitis—A Suggestion, *California and West. Med.*, 41:4 (Oct.), 1934.

* For other aphorisms, see *CALIFORNIA AND WESTERN MEDICINE*, March 1940, page 125; April 1940, page 179; May 1940, page 231; July 1940, page 35; August 1940, page 85; September 1940, page 130; December 1940, page 272; January 1941, page 27; February 1941, page 82; March 1941, page 124.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

HARRY H. WILSON.....President
HENRY S. ROGERS.....President-Elect
LOWELL S. GOIN.....Speaker
PHILIP K. GILMAN.....Council Chairman
GEORGE H. KRESS.....Secretary and Editor

INDEX

1. *Official Call.*
2. *Council Minutes.*
3. *California Committee on Medical Preparedness.*
4. *Committee on Postgraduate Activities.*
5. *County Societies.*
6. *In Memoriam.*
7. *Woman's Auxiliary.*
8. *California Physicians' Service.*

Official Call

*To the Officers, Delegates, and Members of the
California Medical Association*

The seventieth annual session of the California Medical Association will be held in Del Monte, California, from Monday, May 5, through Thursday, May 8, 1941.

The House of Delegates will convene on Monday, May 5.

The Scientific Assembly of the Association will open with the general meeting held on Monday, May 5, at 9 a. m.

The various sections of the Scientific Assembly will meet on Monday afternoon, May 5, and subsequently according to their respective programs.‡

HARRY H. WILSON, *President.*

LOWELL S. GOIN,
Speaker, House of Delegates.

PHILIP K. GILMAN,
Chairman of Council.

Attest:

GEORGE H. KRESS, *Secretary.*

ABSTRACT OF MINUTES: CALIFORNIA MEDICAL ASSOCIATION COUNCIL*

*Minutes of the Two Hundredth and Ninetieth (290th)
Meeting of the Council of the California Medical
Association*

Held in the Sir Francis Drake Hotel, San Francisco,
Sunday, February 23, 1941, at 9:30 a. m.

1. Roll Call.

Present: Councilors Gilman (Chairman), Wilson, Dukes, Rogers, Emmons, Maner, Packard, Anderson, Kneeshaw, Cline, Hamlin, MacDonald, Moody, Best, Powell, Dewey,

† For complete roster of officers, see advertising pages 2, 4, and 6.

‡ For programs, see pages 159-180.

* A mimeographed copy of the complete minutes has been sent to the secretaries of the county medical societies for the files of the component county units. Additional copies, for inspection by any member interested, are on file in the central office of the State Association, 450 Sutter, San Francisco.

McClendon; Donald Cass, Chairman, Public Relations Committee; George H. Kress, Secretary-Treasurer.

Absent: Councilors Goin (out of state) and Green (ill).

Present by invitation: Doctors Askey, Makinson, Murray, Kilgore, and Messrs. Hunton, Peart, Hassard, and Read.

2. Minutes.

Minutes approved included: (a) Minutes of 289th Council meeting held on October 6, 1940. (Abstract in CALIFORNIA AND WESTERN MEDICINE, November, 1940, on page 220); (b) Minutes of the 171st meeting of the Executive Committee held on October 21, 1940. (Abstract in CALIFORNIA AND WESTERN MEDICINE, November 1940, on page 222); (c) Minutes of the 172nd meeting of the Executive Committee held on December 13, 1940. (Abstract in CALIFORNIA AND WESTERN MEDICINE, January, 1941, on page 29); (d) Minutes of the 173rd meeting of the Executive Committee held on January 26, 1941. (Abstract in CALIFORNIA AND WESTERN MEDICINE, on page 85.)

3. California and Western Medicine: Printing Proposition.

By invitation, Mr. Thomas R. Gardiner presented to the Council a proposition he had previously submitted to President Harry H. Wilson, through which the printing of CALIFORNIA AND WESTERN MEDICINE would be assumed by him.

After discussion it was voted that Business Manager Hunton be instructed to institute changes, make possible savings in printing expense, etc., and to submit a report at the next Council meeting.

4. California Physicians' Service.

(a) Dr. Alson R. Kilgore, Secretary of the California Physicians' Service, appeared before the Council and gave an outline of the work accomplished during recent months and the status of present financial conditions and professional activities. Doctor Kilgore stated that California Physicians' Service was now on a self-supporting basis, with a beneficiary membership of 22,549, as of date of February 27, 1941.

Mention was made of the fact that California Physicians' Service had made a token payment on the loans granted to it by the California Medical Association. The financial and other difficulties met with in any extensive acquisition program were reviewed. Enabling legislation, now before the California Legislature, that would place the work of the California Physicians' Service on a sound basis and permit public agencies to contract with California Physicians' Service for the care of indigent, near-indigent, and rehabilitation groups of citizens, was discussed.

The possibility of California Medical Association promoting the utilization of payments on the loan through allocation of such monies for indicated acquisition work was informally discussed.

Local problems having to do with hospitalization services, acquisition of beneficiary groups, attitude of certain physicians in regard thereto, also received comment. At the present time, the Medical Director and the Associate Medical Director in Southern California are each engaged on a part-time basis.

(b) In connection with certain medical services rendered by hospitalization groups having to do with radiologic and pathologic work, Doctor Gilman reported upon a conference he had held in Los Angeles with representatives of the Associated Hospital Service of Southern California, stating that Mr. R. Heerman of that group had told him that the Associated Hospital Service of Southern California would be happy to carry out the plan outlined by the California Medical Association, provided the two other nonprofit hospital groups—Hospital Service of California and the Intercoast Hospitalization Insurance Association—would, likewise, agree thereto.

5. Legislation.

Dr. Dwight H. Murray, Chairman of the California Medical Association Committee on Public Policy and Legislation, gave a brief survey of some of the important bills before the Legislature. It was agreed that Council Chairman Gilman should write a letter to Melvyn I. Cronin, Assemblyman from San Francisco, thanking him for the special services he had rendered in support of certain public health measures.

Note: A list of proposed laws appeared in the March issue of CALIFORNIA AND WESTERN MEDICINE, on page 135.

The two measures upon which the House of Delegates acted at Coronado were covered by Assembly Bill 690 (Emergency Rights on Highway for Physicians) and Assembly Bill 488 (Humane Pound Bill). Committee action indicated non-enactment.

Assembly Bills 562, 563, and 2148 were intended to promote the interests of California Physicians' Service. Assembly Bill 1475 relates to licensure of graduates of foreign medical schools.

The compulsory health measure submitted to the 1939 Legislature and proposed in Governor Culbert L. Olson's biennial message of January 6, 1941, was covered by Assembly Bill 1730 and its companion, Senate Bill 645.

Senate Bill 245 would make it mandatory to give interns \$50 per month compensation; Assembly Bill 1301 would establish a State Board of Naturopathy; Assembly Bill 519 and Senate Bill 1258 would give injured employees or their representatives the right at all times to examine and copy hospital and physician records; Assembly Bill 2264 and 2267 relate to amendments to the Optometric Law that would prevent certain existing abuses; Assembly Bill 51 would provide a board of examiners for massage operators.

Assembly Bill 1625 would establish a medical and dental program for persons receiving wages of the public monies from public funds. This measure was discussed at some length, the Council giving approval, with Doctors Maner and Moody requesting that their negative votes be recorded.

The Farm Bureau measure, known as Assembly Bill 2499, submitted in the Legislature of 1939, was reintroduced for 1941 as Assembly Bill 1037. This measure related to the administration of county hospitals, with special reference to citizens who would be entitled to admission with provision of no charge, part charge, or full charge. A letter from the California Farm Bureau Federation, dated February 19, from Director Von T. Ellsworth, was presented for consideration. It was agreed that the original committee, consisting of Doctors Packard, Emmons, Anderson, and Powell, should watch the course of this measure.

Assembly Bill 1694, authorizing Boards of Supervisors to contract for hospitalization and medical care for migrant farm laborers or low-income farmers, was also referred to the Special Committee, consisting of Doctors Packard, Emmons, Anderson, and Powell.

6. Basic Science Initiative.

The final draft of the Basic Science Initiative, as prepared by the Committee on Public Relations, was reported

on by Dr. Donald Cass, Director of the Committee on Public Relations, who told of the conferences and agreements with the two State Dental Associations regarding it.

It was agreed that when it was submitted to the Attorney General for title the sponsors of this measure should be: Harry H. Wilson, President; Henry S. Rogers, President-Elect; Philip K. Gilman, Chairman of the Council; Donald Cass, Chairman of the Committee on Public Relations; Ernest Sloman, D. D. S., and Guy Van Buskirk, D. D. S.

7. Membership.

(a) Report was made on membership, the records showing that on December 31, 1940, there were 6,552 active members, ninety-seven retired members, four associate members, and one honorary member. In 1940, a total of 467 members were admitted.

(b) On motion, duly made and seconded, a group of thirty-eight physicians whose membership had temporarily lapsed in 1940 through delay in payment of dues, were given active membership status for the year 1940.

(c) Retired membership was granted to the following physicians, who were members of the Los Angeles County Medical Association: Edgar D. Craft, Cecilia Reiche, Harold Dewey Barnad, George M. Malkin, George M. Stevens, W. E. Waddell, Joseph H. Kirkpatrick, and A. B. Cecil.

It was voted that the late Harry M. Voorhees, who had been an active member in 1940, but whose death occurred subsequent to the recommendation for retired membership by the Los Angeles County Medical Association, be carried on the books as a retired member at the time of his death.

(d) It was voted that the American Medical Association be informed that the California Medical Association recommends Dr. Arnold Burkelman for affiliate membership in the American Medical Association.

8. Financial.

(a) Official audits of the certified public accountants, Ernst and Ernst, were submitted and approved.

(b) Report was made concerning the earned financial balances, loans, Indemnity Defense, and Special Assessment funds. It was voted that authority be given to take up the loans through use of monies in the Special Assessment Fund, a considerable saving in interest being made through this change.

(c) The budget, as submitted by the Auditing and Executive Committees for the year 1942, for presentation to the House of Delegates was tentatively approved.

(d) It was voted that the allocation for the California Medical Association Cancer Commission be increased from \$500 to \$1,000 in the budget for 1941.

(e) It was agreed that the expenses of the annual conference of State Association Officers and County Society Secretaries should hereafter be included as a special item in the budget.

(f) By motion made and seconded, the action of the Special Survey Committee and the Executive Committee, making the salary of Executive Secretary John Hunton at \$500 per month, commencing on January 1, 1941, was approved.

(g) It was agreed that the salaries of the Association Secretary-Treasurer and of the Executive Secretary should hereafter be separately itemized on the budget.

(h) Concerning the special assessment, it was voted that Dr. George Maner of Los Angeles should act with Legal Counsel Hartley F. Peart in the compilation of a report on the special assessment of 1939, the report to be submitted at the next Council meeting.

(i) It was voted that the existing bookkeeping account, "California Medical Association Fund for Needy Members," be established as a separate bank account.

(j) It was voted that a separate item be hereafter included in the budget for annuities and pensions.

9. Pensions.

It was voted that the pensions of \$40 per month granted to Miss Lucile Bradford, former bookkeeper, and Miss Amy Comings, former clerk, be continued at those amounts; decision as to future procedure to be referred to the House of Delegates at the next annual session in May.

10. Membership Roster.

After discussion concerning the benefits and costs of the Membership Roster, it was voted to discontinue the same.

11. "Pre-Convention Bulletin" and Annual Session Program.

Ways and means of reducing the cost of the "Pre-Convention Bulletin" and annual session program were discussed. It was voted that the "Pre-Convention Bulletin" be skeletonized as much as possible, and presented, not as a separate supplement of the OFFICIAL JOURNAL, but incorporated as part of the regular text pages of the April issue of CALIFORNIA AND WESTERN MEDICINE.

The cost involved in sending the regular program to every member of the Association by mail was also presented, and it was agreed that the proposed plan should be tried, whereby a program would be sent to each member by mail.

12. Committee on Public Health Education.

(a) Report was made that there was a balance at the present time of \$16,239.27 to the credit of the Committee on Public Health Education. Also, that a total of 1,082 physicians who were active members in 1939 had not paid the \$10 special assessment.

It was agreed that the attention of the House of Delegates, which had brought the Committee on Public Health Education into existence, should be called to the present financial status.

(b) Report was made concerning several health education scenarios had been presented. Regarding the essays by high school pupils, it was stated that the Committee on Public Health Education would report thereon at the Del Monte annual session.

(c) A proposed plan for a newspaper column of a syndicated nature was discussed. It was agreed that decision concerning the proposed column should lie over until the annual session.

13. Films of the Los Angeles Health Defense Exposition.

The resolution of the Los Angeles County Medical Association, requesting the State Association to participate in paying the costs of a film showing the nature of the Health Exposition, was referred to the House of Delegates for consideration and action.

14. Resignations and Appointments.

(a) The resignation of T. Henshaw Kelly (term expiring in 1942) as a member of the Committee on Public Policy and Legislation, and the action of the Executive Committee in appointing Dr. Anthony B. Diepenbrock of San Francisco to act until the next annual session was approved.

It was voted to place in the record the thanks of the Association to Dr. T. Henshaw Kelly for his past services.

(b) The Executive Committee's action in accepting with regret the resignation of Dr. Dewey R. Powell of Stockton as a member of the Committee on Public Health Education, and in appointing Dr. George H. Rohrbacher of Stockton in his stead, was approved.

(c) The action of the Executive Committee in appointing Dr. Fletcher Taylor of Oakland to take the place of Dr. Lemuel P. Adams, deceased, whose term would have

expired in 1943, was approved, Doctor Taylor to act until the next annual session of the State Association be so notified.

15. Appointment of Referee.

The San Francisco County Medical Society, having requested the appointment of a referee who would preside at the hearing to be held on Monday, March 10, 1941, at which time two members were to appear to answer charges concerning nonprofessional conduct, the Council agreed that Dr. A. A. Alexander of Oakland should be requested to act as referee and that the San Francisco County Medical Society be so notified.

16. Article Concerning County Hospitals' Conditions.

Councilor Packard of Kern County called attention to a proposed article for *The Readers Digest*, in which Kern County Hospital conditions were to be discussed. After discussion, it was agreed that Doctor Packard should use his best judgment in making possible the presentation of the factual data involved.

17. Editorial Committee of the Official Journal.

Two reports were presented by members of the Special Committee appointed to consider a resolution presented at the October 6, 1940, meeting of the Council, whereby the Council would be authorized to appoint an Editorial Committee of thirty members.

The majority report, signed by Doctors A. A. Alexander, E. M. Palette, and Howard F. West, was presented, but after discussion the minority report, submitted by J. Marion Read of San Francisco, providing for an editorial board of thirty members, was adopted.

18. Medical Preparedness.

The Chairman of the California Committee on Medical Preparedness, Dr. Philip K. Gilman, presented a report on the present status of medical preparedness. Discussion took place concerning possible exemption of State Association dues of members who were in the military services.

Doctor Kress presented a form of resolution whereby the Council, by advancing money from the general fund, would be able to carry the members who were in the military services as active members until such time as the House of Delegates took definite action thereon at Del Monte. Motion made, seconded and carried, and so ordered.

19. Sectarian Medicine Proposal.

A proposal submitted under date of December 23, 1940, by Ernest G. Bashor, D. O., and addressed to Harry H. Wilson, President of the California Medical Association, and the report of a special committee of deans of the four medical schools in California, who were appointed to consider the subject, was presented by the chairman of the Council, Philip K. Gilman. On motion, the report as submitted by the Special Committee was received, and the recommendations contained therein approved, the Association officers being instructed to communicate with the proper national bodies, and to report subsequent developments to the Council.

20. Miscellaneous Reports.

Brief reports were made by the Legal Department, the Committee on Scientific Work, the latter report in connection with the annual session.

21. Adjournment.

Motion was made that the Council adjourn to meet again on Sunday evening, May 4, 1941, at Del Monte at the hour of 8 p. m.

PHILIP K. GILMAN, *Chairman*.

GEORGE H. KRESS, *Secretary*.

CALIFORNIA COMMITTEE ON MEDICAL PREPAREDNESS†

Medical Preparedness blanks continue to come into the California Medical Association central office for forwarding to the American Medical Association. To date about 93 per cent of California's physicians have filled in the blanks. Incomplete returns will be made out by the California Medical Association office for those who have not responded to the appeals made over the past six months.

Attention of the Committee on Medical Preparedness has turned recently to the necessity of protecting the education of medical students, in order to preserve a continuing supply of trained physicians in the years to come. Key members of medical school faculties have already been listed with Army and Navy officials, who have indicated that these teachers will not be taken out of their faculty posts. Medical students are currently being allowed six months' deferments in the periodic draft calls. These provisions are satisfactory so far as they go, but the Committee on Medical Preparedness, along with other state and national committees, is impressed with the need of securing definite exemption under the Selective Service Act for medical students as "essential" individuals in the national economy. The means for accomplishing such exemption are worthy of the study of all medical men.

* * *

On Monday, March 17, Dr. Philip K. Gilman, Chairman of the California Committee on Medical Preparedness, journeyed to Gilroy to give an address to members of the Santa Clara County Medical Society on the present status of medical preparedness.

In visits to county societies by other Association officers, the subject of medical preparedness is always discussed, it being deemed important that members of the profession—especially those in the Selective Service Act periods, 21 to 36, and members of the Medical Reserve Corps—should properly visualize existing conditions.

* * *

News items related to Medical Preparedness follow:

Special Status in Draft Urged for Doctors and Dentists

Washington, March 18 (AP).—Declaring that it takes more time to train a doctor or dentist than to build a battleship, Senator Murray (D.), Montana, urged Congress today to amend the Draft Act so as to give special status to doctors, dentists and candidates for those professions.

Murray, appearing before the Senate Military Committee, said that he was "told" that "men well trained in these professions were inducted into the armed forces and served as ordinary privates."

This, he asserted, is threatening to deprive the nation of the benefit of the special skills and services of these trained persons. The Army alone, Murray declared, will require 3,300 doctors each year for the next five years.

More than two hundred young men of draft age packed the corridor outside of the hearing room. Spokesmen said they represented the Association of Medical Students and the Council of Hospital Internes. Also present were representatives of the American Medical Association, American Dental Association and American Hospital Association.—Los Angeles Times, March 19.

* * *

Medical-Dental Plea Opposed

Proposed Deferment in Selective Service Fought by Brigadier-General Hershey

Washington, March 10 (AP).—Brigadier-General Lewis B. Hershey, Deputy Director of Selective Service, today expressed opposition to legislation which would defer compulsory military training for medical and dental students, interns and medical and dental teachers.

† Philip K. Gilman, M. D., 2000 Van Ness Avenue, San Francisco, is chairman of the California Committee on Medical Preparedness. Charles A. Dukes, M. D., 426 Seventeenth Street, Oakland, is a member of the American Medical Association Committee on Medical Preparedness. Roster of county chairmen on Medical Preparedness appeared in CALIFORNIA AND WESTERN MEDICINE, August, 1940, on page 86.

Testifying before a Senate military subcommittee, General Hershey contended that the measure would "open the door to a procession of individuals seeking deferment for various occupational groups."

Rev. Alphonse M. Schwitalla, dean of medicine at St. Louis University and president of the Catholic Hospital Association, urged enactment of the legislation, testifying that the nation's hospitals are confronted with an increased load and a threatened reduction in personnel.—Los Angeles Times, March 20.

* * *

150,000 Men Entering Army Each Month*

Top Induction Pace Reached; 3,000,000 Could Be Called in Fifteen Days, Says Official

Washington, March 23.—The Army, having overcome many early difficulties in camp construction and organization, is now taking recruits through the selective service system at the highest rate thus far attained, 150,000 men a month.

Disclosing this today, selective service headquarters said the induction average for the first four months of the training program was around 50,000 men a month.

Moreover, a headquarters official said the present rate falls far short of utilizing the full capacity of the system. "In fact," he asserted, "we are now so well organized that if we were called upon to do it, we could raise 3,000,000 men in fifteen days. All we would have to do would be to press a button and the local boards all over the country would go into action."

Other Duties Possible

This official added that the organization was also ready, should need arise, to handle national projects other than the draft. It could count workers, register women for defense service or otherwise aid in the preparedness program, he said.

First selective service trainees were called last November and the total inducted to date is 265,000. Together with 487,000 regulars, 268,000 National Guardsmen and 38,000 reserve officers, these form the United States Army of today a total of 1,058,000.

Approximately 400,000 men, according to present War Department plans, will be added before July 1 to create the maximum force now planned unless the emergency becomes much more serious—1,418,000 men.

Another Big Job

Shortly thereafter the system may have to undertake its next big job, registration of the 200,000 odd youths who have become 21 since the first registration was held last October.

President Roosevelt will fix the date upon recommendations of his selective service advisers.

How to determine the order in which these new registrants will be called for service already is occasioning formal discussion at headquarters here. Some consideration is being given to the idea of having two lotteries. One would determine the order of the 200,000 among themselves and the second would determine their places among the 16,404,000 men aged 21 to 35 who signed up last October.

Change Proposed

Officials expect completion of this second registration may clear the way for them to give serious study to proposals for amending the selective service act. Major General Lewis B. Hershey, acting director, said recently he favored fixing the registration age at 18 with a year's training any time during the ensuing five-year period, the exact time to be at the discretion of the registrant.

Another suggestion which has been widely discussed would require registration and a year's training as men reached 21.—San Francisco Examiner, March 24.

* * *

Doctor Wilbur Decries United States Draft Plans

By Bob Chandler

President Ray Lyman Wilbur yesterday declared that the fault with the present Selective Service Act is that "the government failed to benefit by its experiences in the last war."

"The British government went through the same thing in the first war, and when this war started they provided for further training of selected groups ranging from architects and steamfitters to doctors and physicists. Men in these categories up to a certain age could neither volunteer nor be drafted."

Students Not Exempt

Placing special emphasis upon the fact that the tens of thousands of men on local boards cannot be cognizant of the full situation, he declared that university students should not be excused from army service, but that they

* By John M. Hightower, Associated Press Staff Writer.

should be allowed to finish their training in work that will make them vastly more valuable to their country when they are finally called.

Commenting upon the resolution recently passed by several groups of the American Medical Association, he expressed his disapproval of the way in which medical students, particularly, are not being allowed to finish their studies.

Doctors Needed

The resolution states that the government's five-year preparedness program will need about 3,500 medical graduates each year to enter the service of the Army, Navy, and public health services. He went on to explain that there are only about 5,200 medical students graduated each year in the United States.

"Those 3,500 graduates are needed by the government each year, and the remainder is left for public medical services," he said. "Their education should not be interrupted if the demands of both groups are to be met."

Doctor Wilbur recently returned to the campus from a trip to Chicago, where he made addresses to the Chicago Stanford Club, the World Citizens Association, of which he is chairman of the Central Committee, and spoke on Professional Education and Licensure at the opening meeting of the Congress of the American Dental Association.

Heads Sessions

Last Monday he presided at both morning and afternoon sessions of the Congress on Medical Education and Licensure of the American Medical Association, and in addition gave a report at the morning meeting on Some War Aspects of Medicine, speaking as the chairman of the Council on Medical Education and Hospitals, while he addressed the dinner meeting of the Federation of State Medical Boards of the United States on Medicine in National Emergencies.

Saturday, March 1, he will address the Stanford Mothers Club of Los Angeles, and the following day will speak before an alumni conference in Los Angeles. Tuesday, March 5, he will return to the campus to take part in the Stanford Forum, speaking on "How Stanford Met the National Emergency in 1917-18, and How the Present Policy of the Selective Service Act toward Stanford Students Should be Changed."—*Stanford University Daily*, February 25.

COMMITTEE ON POSTGRADUATE ACTIVITIES†

Official Visits by Association Officers

During the month of March, official visits by Association officers were made as follows:

Santa Barbara County Medical Society.—At Santa Barbara, on Monday evening, March 10, President-Elect Henry S. Rogers, Councilor Louis Packard of the Third District, and Secretary-Editor George H. Kress gave talks on organization work and policies.

Ventura County Medical Society.—On the following evening, March 11, the same speakers addressed the members of the Ventura County Society.

Kern County Medical Society.—President-Elect Henry S. Rogers and Secretary George H. Kress journeyed to Kern County on Thursday, March 20, and gave talks at Bakersfield.

Humboldt County Medical Society.—On Saturday, March 29, Councilor John W. Green of the Ninth District and Secretary George H. Kress motored to Humboldt County to Eureka to address an evening meeting of the Humboldt County Society; and journeyed then by way of Grants Pass in Oregon, to meet with the Siskiyou County Society the next day.

Siskiyou County Medical Society.—The meeting with the Siskiyou County Medical Society on Sunday afternoon, March 30, was held at the Yreka Inn, in Yreka. Councilor Green and Secretary Kress discussed organization, legislative, and allied problems.

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

Orange County Clinical Conference

Held at Anaheim on Thursday, February 20, 1941, from 4 to 10 p. m.

Members of the Orange, San Bernardino, and Riverside County Medical Societies were invited.

Postgraduate Committee: Doctors Thomas B. Rhone, R. C. Harris, and H. C. Maxwell.

PROGRAM

E. Kost Shelton, Los Angeles—*Present Status of Clinical Endocrinology, with Special Reference to Practical Therapeutics.*

R. C. Bumpus, Jr., Pasadena—*Management of Pyuria.*

R. Manning Clarke, Los Angeles—*Arthritis from Internist's Viewpoint.*

G. Mosser Taylor, Los Angeles—*Arthritis from Orthopedist's Viewpoint.*

* * *

Shasta County Clinical Conference

Held at Redding on Sunday, March 9, 1941, from 11 a. m. to 5 p. m.

Members of the Shasta, Siskiyou, Tehama, and Trinity County Medical Societies were invited.

PROGRAM

Chester L. Cooley, San Francisco—*Discussion of Obstetric Problems, with Clinic.*

A. E. Larsen, San Francisco—*California Physicians' Service.*

* * *

Riverside County Clinical Conference

Held at Riverside on Monday, March 10, 1941, from 4 to 10 p. m.

Members of the Riverside, Orange, and San Bernardino County Medical Societies were invited.

PROGRAM

Robert L. Carroll, Los Angeles—*Nonoperative Orthopedic Conditions.*

J. Norton Nichols, Los Angeles—*Surgery in Children.*

Philip E. Rothman, Los Angeles—*Rheumatic Fever: Its Diagnosis and Management.*

Howard R. Cooder, Los Angeles—*Upper Respiratory Infections—Indications for Tonsillectomy.*

* * *

Fresno County Clinical Conference

Held at Fresno on Wednesday, March 12, 1941, from 2 to 10:30 p. m.

Members of the Fresno, Madera, Tulare, and Kings County Medical Societies were invited.

Postgraduate Committee: Doctors H. M. Ginsburg, C. D. Newell, L. B. James, and J. M. Arthur.

PROGRAM

John J. Sampson, San Francisco—*Hypertension—Etiology and Pathogenesis.*

Maurice L. Horwitz, Oakland—*Disturbances of Menstrual Bleeding.*

Dinner, Californian Hotel—Speaker: Hartley F. Peart, Esq., San Francisco—*Some Pitfalls of Practice.*

Maurice L. Horwitz—*Dysmenorrhea and the Menopause.*

John J. Sampson—*Hypertension—Differential Diagnosis, Treatment, and Prognosis.*

* * *

Santa Barbara County Clinical Conference

Held at Santa Barbara on Saturday, March 29, 1941, from 9 a. m. to 9 p. m.

Members of the Santa Barbara, Kern, Ventura, and San Luis Obispo County Medical Societies were invited.

Postgraduate Committee: H. O. Koefod (Chairman), Samuel Robinson, E. L. Markthaler, and James W. Dalton.

Registration fee for entire day, inclusive of luncheon and dinner, was \$5. Clubhouse and greens courtesies were extended at Montecito Country Club on Sunday morning.

PROGRAM

Clinical-Pathological Conference—Conducted by W. J. Tomlinson, M. D., Santa Barbara.

Present Status of Vitamin Therapy—H. Borsook, Ph.D., California Institute of Technology.

The Diagnosis and Surgical Treatment of Pulmonary Carcinoma and Bronchiectasis—Frank S. Dolley, M. D., Los Angeles College of Medical Evangelists.

A Symposium on Biliary Tract Disease: (a) *Its Diagnosis and Medical Management*, Theodore L. Althausen, M. D., University of California Medical School; (b) *Its Diagnosis and Surgical Treatment*, Leo Eloesser, M. D., Stanford University Medical School.

A Review of Sulphonamide Therapy—Chauncey D. Leake, Ph. D., University of California Medical School.

Postprandial Talks: (a) *William Harvey and the World War*, Chauncey D. Leake, Ph. D.; (b) *War Surgery*, Leo Eloesser, M. D.

* * *

San Bernardino County Clinical Conference

Held at San Bernardino on Tuesday, April 1, 1941, from 4 to 9:30 p. m.

Members of the San Bernardino, Riverside, and Orange County Medical Societies were invited.

Postgraduate Committee: Doctors F. E. Clough (Chairman), C. A. Wylie, and V. M. Pinckley.

PROGRAM

Carl F. Rusche, Los Angeles—*Blood in the Urine: Origin and Procedure in Diagnosis.*

Isaac Olch, Los Angeles—*Tumors and Inflammation of the Breast.*

Alfred Gallant, Los Angeles—*Fracture Clinic: With Special Reference to Femur and Long-Bone Fractures.*

* * *

University of California Medical School:
Refresher Courses

Dr. Stacy R. Mettier, Director of the Refresher Courses, has announced that postgraduate work will be given at the University of California Medical School in June, 1941. The program will include courses by the Division of Medicine in the fields of heart disease, diseases of the blood, and of the gastro-intestinal tract, and endocrine disturbances. The Division of Surgery will offer courses having to do largely with traumatic surgery, including a fracture course and the treatment of infections and hand injuries. The Division of Obstetrics and Gynecology will summarize the most recent advances in childbirth and the care of female diseases.

* * *

Library Packet Service

Report of the Contents of the Crummer Room of History of Medicine: University of California Medical School, as of March 5, 1941

An inventory such as this is temporary at best. Since this one began two weeks ago the total has changed. It will continue to change week by week so that an attempt to calculate the exact material stored within this room must always be approximate. However, on the date of March 5, the total is correct within ten items.

<i>Classics, including incunabula and manuscripts, 1471-1900</i>	1,154
<i>Special Collections</i>	
Californiana	1,331
University of California Faculty Collection	4,655
Reprints	3,562
Books	735
Miscellaneous	358
Anesthesia	1,638
Brigham	150

Osler	606
Pharmacopoeia	108
Yellow fever	143
Cushing	109
Philip King Brown Collection: Socialized Medicine..	424
Biographical Reprints: Foreign and American.....	262
Significant recent articles by prominent medical men	1,909
Bound volumes relating to medical history.....	1,784

Grand total 14,273

There is also a catalogue of approximately 20,000 biographical and historial pictures and portraits, of which about 500 are filed in the Crummer Room.

The collection of historical medical instruments numbers about 300, mostly of the nineteenth century.

* * *

University of California Medical School
Seminar in Pharmacology, Spring, 1941

Lunches in the Crummer Room, Monday noons, Medical Clinic Building.

February 24—T. C. Daniels: Physical properties and pharmacological action.

March 3—Nina Simmonds: Diet and dental caries.

March 10—D. M. Greenberg: Oxidation reduction enzyme systems.

March 17—G. A. Alles: Phenyl alkylamines.

March 24—D. F. Marsh: Anesthetic properties of aliphatic ethers.

March 31—M. H. Soley—Iodin metabolism.

April 7—E. L. McCawley: Iodin compounds in the thyroid.

April 14—R. Aird: Experimental exophthalmus induced by anterior hypophysis administration.

April 21—N. W. Karr: Biochemorphology of sulfanilamide derivatives.

April 28—F. Proeschler: Arsenosulfanilamide and sulfa-cridine.

May 5—J. E. Eiler: Enzyme aspects of purine compounds.

* * *

California Department of Public Health*
Bureau of Venereal Diseases

In conformity with the nation-wide effort to curb venereal diseases, and especially since the defense program, the premarital and prenatal laws of the State of California have made syphilis a subject of major interest to all physicians, CALIFORNIA AND WESTERN MEDICINE in subsequent issues will carry material pertinent to the problem.

The subject matter herein presented will generally fall into the following categories.

- Postgraduate Program of the California Medical Association
- Activities of the California State Department of Public Health
- Netoworthy Briefs of Current Literature
- Defense and Medical Preparedness
- Questions and Answers
- Legislation

This department will be a coöperative effort of the California Medical Association and State Department of Public Health. It is hoped that from it will develop a broad program of postgraduate activities for the State of California. We have well-qualified teachers, adequate institutional facilities, and clinical material; only organization and effort on the part of the profession itself are needed to complete the picture.

A postgraduate program in syphilology is now being formulated, and specific activities will be announced in later issues of CALIFORNIA AND WESTERN MEDICINE.

Questions in the field of syphilology relating to any of the above-mentioned activities or concerning patients who

* Contributed by Julius R. Scholtz, M. D., Consultant in Syphilology.

present diagnostic or therapeutic problems are encouraged. Strict confidence will be maintained over the identity of the inquiring physician and the patient. Questions will be referred to recognized experts in the respective field, and illustrative questions and answers will be published in this department when occasion permits.

All communications should be addressed to Consultant in Syphilology, Bureau of Venereal Diseases, State Department of Public Health, 603 Phelan Building, San Francisco. (Telephone, Underhill 8700.)

* * *

Bureau of Venereal Diseases: California State Board of Public Health

The Bureau of Venereal Diseases, State Department of Public Health, has established a division of postgraduate activities.

One of its first activities is the development of a consultation service by mail to physicians in communities in which private consultants in syphilology are not available; and for patients whose economic status does not permit private consultation.

Any physicians who have questions pertaining to diagnosis and treatment of syphilis, drugs used in treatment, and problems in serology arising in connection with the prenatal, premarital, and selective service laws, are urged to address their questions to Consultant in Syphilology, Bureau of Venereal Diseases, State Department of Public Health, 638 Phelan Building, San Francisco.

Prompt answers will be forthcoming from the consultant or from qualified experts to whom particular questions may be referred.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (23)

Los Angeles County (8)

Norman J. Barnes, *Los Angeles*
Louis X. Bell, *Los Angeles*
Joseph E. Jensen, *Huntington Park*
Samuel Wesley Kime, *North Hollywood*
Samuel Peluse, *Los Angeles*
Louis J. Perlmutter, *Los Angeles*
Maxwell James Seton, *Los Angeles*
Morton Zall, *Los Angeles*

San Diego County (1)

Guy Edward Maggio, *San Diego*

San Francisco County (12)

Alden H. Alexander, *San Francisco*
Rodney R. Beard, *San Francisco*
Emma O. Dong, *San Francisco*
Meyer Friedman, *San Francisco*
Winifred Golenternek, *San Francisco*
Walter W. Herrmann, *San Francisco*
Russell R. Klein, *San Francisco*
Robert A. Lyon, *San Francisco*
Philip Myers, *San Francisco*
Eric E. Rosenberg, *San Francisco*
Edward J. Simons, *San Francisco*
Harry Weinstein, *San Francisco*

San Mateo County (1)

Francis Scott Smyth, *San Francisco*

Stanislaus County (1)

Julian Edmond, Jr., *Modesto*

† For roster of officers of component county medical societies, see page 4 in front advertising section.

Transfers (2)

John Richard Beardsley, from San Diego County to Los Angeles County.

E. C. S. Leavenworth, from San Joaquin County to San Diego County.

Resigned (4)

David Lee Bassett, from San Francisco County.

Howard H. Johnson, from San Francisco County.

J. Francis Schefcik, from Los Angeles County.

Edward C. Sewell, from San Francisco County.

In Memoriam

Chaloupka, Hugo Robert. Died at Los Angeles, February 20, 1941, age 53. Graduate of Creighton University School of Medicine, 1911. Licensed in California in 1920. Doctor Chaloupka was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

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Dockweiler, Robert Reeve. Died at Los Angeles, February 21, 1941, age 34. Graduate of Harvard Medical School, Boston, 1933. Licensed in California in 1934. Doctor Dockweiler was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

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Earel, Fred Elwell. Died at Santa Ana, February 12, 1941, age 49. Graduate of University of Illinois College of Medicine, Chicago, 1916. Licensed in California in 1932. Doctor Earel was a member of the Orange County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

+

Foster, Clarendon Atwood. Died at Los Angeles, March 13, 1941, age 78. Graduate of Harvard Medical School, Boston, 1889. Doctor Foster was a member of the Monterey County Medical Society, the California Medical Association, and the American Medical Association.

+

Gaulden, Charles Lewis. Died at Los Angeles, March 3, 1941, age 53. Graduate of Tulane University of Louisiana School of Medicine, New Orleans, 1912. Licensed in California in 1920. Doctor Gaulden was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

+

Hastreiter, Rolland Frederick. Died at Los Angeles, February 28, 1941, age 66. Graduate of Johns Hopkins University School of Medicine, 1901. Licensed in California, 1904. Doctor Hastreiter was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

+

Holm, Edgar. Died at Eureka, March 9, 1941, age 63. Graduate of Northwestern University Medical School, Chicago, 1903. Licensed in California in 1919. Doctor Holm was a member of the Humboldt County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

+

Pomeroy, John Larrabee. Died at Los Angeles, March 24, 1941, age 58. Graduate of Hospital College of Medicine, Louisville, 1903, and New York University College of

Medicine, 1909. Licensed in California in 1910. Doctor Pomeroy was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



Sharp, Robert G. Died at San Diego, February 21, 1941, age 58. Graduate of Johns Hopkins University School of Medicine, Baltimore, 1917. Licensed in California in 1919. Doctor Sharp was a member of the San Diego County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.



Waters, Pearl Suvilla. Died at San Bernardino, March 6, 1941, age 64. Graduate of Physio-Medical Institute, Cincinnati, 1910. Licensed in California in 1921. Doctor Waters was a member of the San Bernardino County Medical Society, the California Medical Association, and the American Medical Association.



Young, Frank B. Died at Long Beach, March 5, 1941, age 62. Graduate of Kansas City Medical College, 1900. Licensed in California in 1924. Doctor Young was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.



OBITUARY
Robert G. Sharp
1883-1941

Robert G. Sharp was the first San Diego physician to limit his practice entirely to pediatrics.

Born in Belgrade, Minnesota, January 22, 1883, Doctor Sharp went to San Diego at the age of 6. He was educated in the local schools, was graduated from the normal school—now San Diego State College—and as captain of the school's first football team, won his gold football in 1901.

From there he went to the University of California, where he obtained his B. S. degree in 1911, his M. S. in 1913, and his Ph. D. in 1914. He received his M. D. degree from Johns Hopkins University in 1917.

On June 16, 1915, he and Hope E. Pinkley, of Kingsburg, California, were married. In 1917 he went to France with a Red Cross unit and served for the duration of the war, having the rank of major in the medical corps. He returned to San Diego in May, 1919, to practice medicine, and pioneered in the field of pediatrics. He continued his practice until December 1, 1940, when he retired on account of illness.

**THE WOMAN'S AUXILIARY TO
THE CALIFORNIA MEDICAL
ASSOCIATION†**

MRS. A. E. ANDERSON.....President
MRS. WILLIAM C. BOECK.....Chairman on Publicity
MRS. KARL O. VON HAGEN.....Asst. Chairman on Publicity

State Board Meeting

For the first time since the beginning of the Auxiliary, a meeting of the State Board was held in Fresno, the home city of the State president, Mrs. A. E. Anderson. The

† As county Auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Karl O. Von Hagen, Assistant Chairman on Publicity, 2435 Nottingham Avenue, Los Angeles. Address of the Chairman on Publicity: Mrs. William C. Boeck, 712 North Maple Drive, Beverly Hills.

For roster of officers of state and county auxiliaries, see advertising page 6.

For annual meeting program at Del Monte, see page 179.

custom heretofore has been to hold one meeting of the year in San Francisco or Oakland, and the other in Los Angeles or vicinity.

The all-day meeting was called to order by Mrs. Anderson at 10:30 a. m. on Friday, February 14, at the Californian Hotel, when seventeen of the twenty-two members were present. Thirteen presidents of county auxiliaries, or their representatives, were in attendance.

The President reported that she has completed her visits to all of the twenty-eight county auxiliaries, a splendid four months' piece of work. She now plans to organize and attend meetings of the councilor districts.

No new county auxiliaries have been organized, but the chairman of Membership and Organization, Mrs. F. G. Lindemulder of San Diego, reported the writing of some 131 letters to that end. The outlook is somewhat encouraging for the forming of new auxiliaries in San Bernardino, Mendocino, and Yuba-Sutter counties.

The reciprocity tea idea for public relations work has met with success, according to the report of the chairman of Public Relations, Mrs. A. A. Alexander of Oakland. Representatives from various women's organizations in any given locality are entertained by the local Auxiliary at a Public Health program and tea, and the gospel of scientific medicine is so spread. Interest in the National radio program, "Doctors at Work," was also urged.

Mrs. Louis A. Packard of Bakersfield, *Hygeia* chairman, reported an attempt to place *Hygeia* in the state school system, but was informed that this would have to be done through local boards of education. While surpassing the number of subscriptions for 1939-1940, the California Auxiliary did not secure enough to qualify for an award in the National *Hygeia* contest which closed on January 31, yet 497 subscriptions for this year, to date, were reported.

Publicity for the Auxiliary is carried out through announcements and reports of meetings in local newspapers, the Auxiliary page in CALIFORNIA AND WESTERN MEDICINE, and the twice-a-year publication, the *Courier*. The State Convention issue of the latter will go out to the members in April.

The Convention chairman, Mrs. John C. Sharp of Salinas, reported in detail plans for the session at Del Monte, May 5 to 8. An excellent program of work and play is planned, even to a real golf tournament.

Mrs. A. T. Newcomb of Pasadena, Historian, is re-writing the history of the California Auxiliary, recording each county Auxiliary's organization and activities separately. Her State Auxiliary history of last year won second place in the National rating.

Acting on the question of dues of members whose husbands were called to National Defense, the recommendation of Mrs. C. G. Stadfield, State Treasurer, was accepted: That wives of doctors called for defense be carried as members of their local Auxiliaries for this year by the payment of the National Auxiliary dues of 25 cents, unless the National Auxiliary should feel that this was an opportunity to do its part toward National Defense.

On motion of Mrs. Eugene Kilgore of San Francisco, the Board went on record as opposing the proposed increase in National dues from 25 cents to \$1 per member, as suggested by the National Advisory Council.

Socially, the day was a very pleasant one for Board members. Mrs. Otto Diederich, President of the Fresno Auxiliary, Mrs. K. J. Staniford, Chairman of Arrangements for the Day, and Mrs. Chester M. Vanderburgh, Chairman of Transportation, with the aid of Mrs. Guy Manson, Mrs. Charles Ingram, and many other members of the Fresno Auxiliary, arranged luncheon for the Board members at the Hotel Californian, tea with the Fresno members at the beautiful home of Mrs. George W. Walker, and a charming buffet dinner for all out-of-town guests with Mrs. Anderson in her home of gracious hospitality.

News Items

The very active Butte County group will henceforth be called the Butte-Glenn Auxiliary, as the Butte Medical Society recently became enlarged. Butte has just completed a successful *Hygeia* drive, and is now conducting a membership drive. At a recent meeting a book review was given by Mrs. J. O. Chiapella, and plans were made for a public health lecture to be delivered during the spring.

The Health Chairman of the Santa Barbara Parent-Teacher Association Council greatly appreciated receiving numerous copies of *Hygeia*, which were placed in school libraries and teachers' rest rooms; the magazines having been donated by the Santa Barbara Auxiliary members. Mrs. Max Hammel and Mrs. Douglas MacDowel have been directing classes in first-aid and home nursing in the Girl Scout Troop sponsored by the same Auxiliary.

State President Mrs. A. E. Anderson addressed the Alameda County members at the Claremont Country Club in January. Past Presidents Mrs. Thomas Clark, Mrs. William Sargent, and Mrs. Hobart Rogers also attended the meeting.

One hundred members and guests from Los Angeles County were welcomed by the Long Beach branch at the Pacific Coast Club in February. The chief speaker was Miss Avis Lobdell, assistant to the president of the Union Pacific Railroad, whose talk was entitled "Romance of the Railroad."

Although the Auxiliary members of the Contra Costa group are scattered over a large area, they have experienced a year of interesting and well-attended meetings. State Public Relations Chairman Mrs. A. A. Alexander of Piedmont gave a talk on *Public Relations* in September. The following month, Doctor Pettit told of the work carried on at the radiation laboratory at the University of California by Dr. Ernest O. Lawrence, who in 1939 was awarded the Nobel prize for his discoveries.

Hotel Carter will be the headquarters for the annual meeting of the Woman's Auxiliary to the American Medical Association, which will be held in Cleveland, June 2-6, 1941. Requests for reservations should be sent immediately to Dr. Edward F. Kieger, Chairman of the Committee on Hotels and Housing, 1604 Terminal Tower Building, Cleveland, Ohio.

CALIFORNIA PHYSICIANS' SERVICE†

Beneficiary Membership	
September, 1939	1,220
March, 1940	9,322
September, 1940	17,398
March 1, 1941.....	22,948

As announced last month, December showed a marked increase in the number of home and hospital calls made, in comparison with other months, due to influenza and other respiratory cases in almost epidemic proportions. Because

† Address: California Physicians' Service, 333 Pine Street, San Francisco. Telephone EXbrook 3211. A. E. Larsen, M. D., Secretary.
Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.
For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

of this increased service it was necessary to set the unit value for service at \$1.10 for the month of December. Figures for January show a continuing effect of abnormal incidence of respiratory infection, but less in proportion than for December so that unit value for January has been raised to \$1.20.

Dr. Alson R. Kilgore, secretary-treasurer of California Physicians' Service since its inception, has resigned as secretary. Dr. A. E. Larsen, medical director, will assume the duties of secretary in addition to his present responsibility. Doctor Kilgore will continue to act as treasurer.

California Physicians' Service is happy to announce that a contract has been negotiated with the Farm Security Administration, an agency of the Federal Government, which provides for furnishing a health service to families under their care. The program will begin with a group in Butte County covering approximately 200 families. As soon as the service is established there it is intended to extend the plan to other counties where the Farm Security Administration has families eligible for this service.

The groups eligible for this rural health program consist of rural families who are receiving assistance from the Farm Security Administration. In the majority of instances they are distinctly marginal cases, ranging between self-sustenance and public assistance. Costs of the service will be borne by the patients to the extent of their ability. The Government, through the FSA, will assist those eligible for rural rehabilitation loans to meet the cost of medical care under this plan. California Physicians' Service agrees to render medical and hospital service to them.

The reenrollment period for California State Employees' Association is now open as of March 1 and will remain open until April 15. This is the fourth time that a reenrollment period has been necessary within this group. Memberships accepted during this period will be in addition to the 4,000 members already covered in this group.

(COPY)
CALIFORNIA PHYSICIANS' SERVICE
San Francisco, California,
March 5, 1941.

To All Professional Members:

California Physicians' Service is happy to announce that a contract has been negotiated with the Farm Security Administration, an agency of the Federal Government, which provides for our furnishing a health service to families under their care. The program will begin with a group in Butte County covering approximately 200 families. As soon as the service is established there it is intended to extend the plan to other counties where the Farm Security Administration has families eligible for this service.

The groups eligible for this rural health program consist of rural families who are receiving assistance from the Farm Security Administration. In the majority of instances they are distinctly marginal cases, ranging between self-sustenance and public dependence. In this contract the Federal Government agrees to furnish these people with the money necessary to purchase medical care by means of loans or grants, and the California Physicians' Service agrees to render medical and hospital service to them.

All moneys received from the Federal Government for the care of these people will be set up in a special fund, and payments to doctors on the unit basis under this plan will be entirely separate from the payments made under the regular California Physicians' Service plan. Conferences with local doctors in the first county in which this

plan will be operated disclose a willingness on their part to serve these people on a separate unit fee basis, because in the majority of instances these people may be said to be medically indigent, if not wholly so.

At the present time the Farm Security Administration has approximately 6,000 such families on its rolls in the State of California. As the techniques for operation of this sort of health service are perfected, we expect to extend the service to all of these families.

Your trustees feel that this is a definite forward step in the present plans of the California Physicians' Service, as this contract is the first example of the Government assuming the responsibility for supplying money necessary to purchase medical care, leaving to the medical profession the determination of the extent and quality of care and the distribution of fees therefor.

(Signed) A. E. LARSEN, M. D.,
Secretary.

* * *

Rural Families Get Low-Cost Medical Care

Include Butte County in United States Contract With Physicians

San Francisco (AP).—Signing of a contract between the Farm Security Administration and the California Physicians' Service, designed to provide low-cost medical care to five thousand California farm families, was announced here yesterday.

It was termed the first agreement between the government and the medical profession covering medical care for rural rehabilitation borrowers on a statewide basis. Several plans of county-wide scope are in operation, giving medical service to 68,000 Farm Security Administration families in twenty-eight states.

Include Butte County

Under the agreement, the service will begin among seven hundred Farm Security Administration families in three areas—Butte County, Sonoma - Mendocino - Lake - Marin county district, and the Santa Cruz-Monterey-San Benito county area.

At the outset it will be conducted on an experimental basis, with the idea of extending it throughout the state later. There are about 3,500 individuals among the seven hundred families initially covered. The California Physicians' Service is sponsored by the California Medical Association.

Pay What They Can

The Farm Security Administration-California Physicians' Service provides hospitalization and drugs as well as medical care. Families will pay on the basis of their financial ability, and the Farm Security Administration will make up any sums which the clients cannot pay.

Officials of the physicians' service estimated it would cost about \$50 for each family, and that they would be able to pay in about \$35 each, leaving \$15 to be made up by the Farm Security Administration as the difference.—*Sacramento Union*, March 7.

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C. I. O. Indorses Non-Profit Health Service

Indorsement of the California Physicians' Service and of the Associated Hospital Service by the Industrial Union Council of San Diego was announced yesterday by O. W. Benziger, council vice-president and chairman of a committee which has studied the plans.

Word of the indorsement came on the eve of a civic dinner to be held at 6:30 tonight in the Gold Room, U. S. Grant Hotel, as a feature of San Diego's observance of Health Service Week.

O. K'd by Auto Workers

Major move toward indorsement by the council, composed of local C. I. O. unions, was taken when the United Automobile Workers of America, an international union, adopted a resolution recently in which the organization said that "of all the plans studied, the one which most nearly meets the requirements of the members of the union and their families is the non-profit organization plan."

The California Physicians' Service and Associated Hospital Service are organized on a non-profit basis and make available to employed persons complete medical and hospital care, including diagnostic and preventive medicine.

Benziger said the international union urged that "local unions undertake to provide these services for their members."

Schemes Studied

"This action was taken," Benziger said, "after an extensive study by the executive board and the legal department of the international union. A great many plans were analyzed and the non-profit organizations were found to be the best suited to meet the needs of union members and their families."

The non-profit services offered by California Physicians' Service and Associated Hospital Service are administered by 5,200 California doctors and all accredited hospitals, W. G. Ebersole, Southern California manager, reported.

Follow National Trend

"Indorsement by the local council of these plans," Ebersole said, "is in accord with a national trend toward using these services on a pay-as-you-go basis. The plans are designed to remove those economic tragedies which so often overtake families in an emergency. While protecting beneficiaries against major emergencies, these programs also emphasize diagnostic medicine—free access to the doctor of your own choosing."

Meanwhile, Dr. S. J. McClendon, medical society past president and California Physicians' Service administrative board member, revealed speakers for tonight's dinner. Dr. L. A. Alesen, secretary, Los Angeles County Medical Society, will be the principal speaker. Also on the program will be J. Philo Nelson, California manager of the two services, and Captain W. C. Crandall, local hospital executive and civic leader. Senator Ed Fletcher will be among the honored guests.—*San Diego Union*, February 19.

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Modern Medical Care for Low Income Farm Workers

It is good news that arrangements have been completed between the California Physicians' Service and the federal farm security administration for the extension of modern medical care to thousands of low-income families.

Many of these families belong to the migrant group.

Health conditions among them have been worse than a scandal; they have been a source of widespread danger.

Here and there counties have tried to meet the problem. But county resources are limited, the migrant farm worker population shifts too rapidly to receive full advantage of county medical aid, and red tape has interfered too often with adequate medical care.

But now the federal government and the statewide group medical plan of the California Medical Association are getting together to assure the right kind of health protection to low-income farm families that otherwise would go without it.

This will make California a more humane place for these unfortunate families, and it will make the state a safer place for ALL families.

Certainly this extension of medical aid cannot be subjected to the familiar criticism of "pampering" migrant families, thereby encouraging them to come to California and remain here.

It would be a rather callous critic who would object to decent medical help for suffering children, for mothers in childbirth, for persons with communicable diseases.

Cleaning up health conditions in migrant camps and among poor farm workers will be an important safeguard to public health throughout the state.

These farm worker families follow the crops from the Imperial Valley to the orchards in the northern end of the state, and improving health standards among them is more than a humane and decent action. It is a matter of public health protection for all of us.

Nor is this new group medical service a form of charity.

Families and individuals will pay for the cost of the service in proportion to the ability to pay. In cases where it is impossible for them to pay, the service will be given anyway, since poverty is not yet a crime calling for the punishment of lingering illness or death.

However, for the great majority of these low-income families, the medical aid plan will represent an obligation, and many will meet it.

Most of these families, forced off their own land in eastern and middle-western states, are old-fashioned American families struggling against extreme disaster. Drought, dust-storms, mortgage foreclosures and farm mechanization have pushed them down the economic ladder.

But they are fighting to come back. Congressman Tolan of Oakland, chairman of the migrant survey committee in congress, says that 82 per cent of these families are paying back rehabilitation loans made to them by the federal government, and that many of the remaining 18 per cent will make payment as soon as they are able.

This is a pretty good record. People with that much sense of financial responsibility should be worth helping, and they should make worthwhile citizens when they are on their feet again.—*Editorial, Oakland Post-Enquirer*, March 13.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings.†

California Medical Association, Hotel Del Monte, Del Monte, California, May 5-8, 1941.

American Medical Association, Cleveland, Ohio, June 2-6, 1941.

American College of Physicians, Statler Hotel, Boston, April 21-25, 1941.

Western Section of American Urological Association, Hotel Del Monte, May 1-3, 1941.

Medical Broadcasts.*

American Medical Association Series of Radio Programs: Every Wednesday, 7:30 p. m., Pacific Time, Over Blue Network.—*Doctors at Work* is the title of the sixth annual series of dramatized radio programs to be presented by the American Medical Association and the National Broadcasting Company.

The series was opened on Wednesday, November 13, 1940, to run for thirty consecutive weeks, closing with a broadcast from the American Medical Association meeting at Cleveland on June 3, 1941. The program is scheduled for 10:30 p. m., Eastern standard time (9:30, Central; 8:30, Mountain; 7:30, Pacific time) over the Blue Network, other NBC stations, and Canadian stations.

The programs will dramatize what modern medicine offers the individual in the way of opportunities for better health and the more successful treatment of disease. Incidental to this main theme, the programs will explain the characteristics of the different fields of modern medicine and its specialties.

"Doctors at Work" will be broadcast from scripts by William J. Murphy, NBC script writer and author of many previous American Medical Association and NBC "shows" and other popular radio features. It will be produced under the direction of J. Clinton Stanley, director of "Medicine in the News," last season's successful American Medical Association and NBC health program. Supervision will be by the American Medical Association Bureau of Health Education, directed by Dr. W. W. Bauer.

These programs are broadcast on what is known in radio as a sustaining basis; that is, the time is furnished gratis by the radio network and local stations and no revenue is derived from the programs. Therefore, local stations may or may not take the programs, at their discretion, except those stations which are owned and operated by the National Broadcasting Company.

Descriptive posters for local distribution may be had gratis from the Bureau of Health Education, American Medical Association, 535 North Dearborn Street, Chicago. Program titles will be announced weekly in *The Journal of the American Medical Association* (see J. A. M. A.

index under *Radio Broadcasts*) and monthly in *Hygeia, The Health Magazine*.

American Medical Association Broadcasts: "Medicine in the News."—The American Medical Association and the National Broadcasting Company have announced "Medicine in the News," on timely topics from medical news of the week. Thursdays, 4:30 p. m., Eastern standard time (1:30 p. m., Pacific standard time), Blue Network, coast to coast. Thirty weeks. Opened on November 2, 1939. Facts, drama, entertainment, music.

Pacific States:

KECA	Los Angeles	KEX	Portland
KFSD	San Diego	KJR	Seattle
KGO	San Francisco	KTMS	Santa Barbara
	KGA	Spokane	

† † †

Los Angeles County Medical Association.

The following is the Los Angeles County Medical Association's radio broadcast schedule for the month of April, 1941:

Saturday, April 5—KFAC, 8:45 a. m., Your Doctor and You.
 Saturday, April 5—KFI, 10:15 a. m., The Road of Health.
 Saturday, April 12—KFAC, 8:45 a. m., Your Doctor and You.
 Saturday, April 12—KFI, 10:15 a. m., The Road of Health.
 Saturday, April 19—KFAC, 8:45 a. m., Your Doctor and You.
 Saturday, April 19—KFI, 10:15 a. m., The Road of Health.
 Saturday, April 26—KFAC, 8:45 a. m., Your Doctor and You.
 Saturday, April 26—KFI, 10:15 a. m., The Road of Health.

If You Are Reading a Paper at the 1941 Annual Session†

... the *State Journal* will appreciate your following the suggestions listed below in the preparation of your manuscripts. These suggestions have been devised in order to save correspondence, avoid return of papers for changes, minimize the work of preparation for the printer, and save the high costs of corrections made on galley proof.

Size of Articles.—It is earnestly desired that scientific articles shall not exceed ten *Journal* pages at the outside. Even that number of pages tends to lower reader interest. An average of five or six seems to be the most desirable from this point of view. Calculation can readily be made by multiplying the number of double-spaced typewritten manuscript pages by the fraction two-fifths.

Manuscripts.—Papers must be typewritten on one side only of white sheets consecutively numbered, and be double spaced with one-inch margins. They should be prepared with great care so as to be typographically correct. All headings, titles, subtitles, and subheadings should be typed flush with the left-hand margin.

Titles.—The title should be *brief* and typed in capital letters. The subtitle can be longer and should be typed in cap and lower-case letters. Under the title, or subtitle, if there is one, should appear the name of the author and city in which he lives.

Subheadings.—Subheadings should be inserted by the author at appropriate intervals.

References.—It is the unfailing practice of the *State Journal* to use specific "references" rather than "bibli-

† In the front advertising section of *The Journal of the American Medical Association*, various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

† From the *New York State Journal of Medicine*.

ography." There should appear in the text reference numbers, typed above and to the right of the word to which there is a reference. A list, consecutively numbered, should include the following items.

(a) Books—author's surname followed by initials; title of book; edition; location and name of publisher; year of publication; volume; and page number. Thus, Osler, W.: *Modern Medicine*, ed. 3, Philadelphia, Lea & Febiger, 1927, Vol. 5, p. 57.

(b) Periodicals—author's surname followed by initials; name of periodical, volume, page, month (day if necessary), year of publication. Thus, Leahy, Leon J.: *New York State J. Med.* 40: 347 (March 1), 1940.

NOTE: *The Journal* does not include titles of articles.

Case Reports.—Instead of abstracts of hospital histories, authors should write these reports in a narrative style with properly completed sentences. All unimportant details should be deleted with such general negative statements as fit the case.

Tables.—While tables are very useful on lantern slides in the reading of papers, they fail of this purpose to a large extent in the printed page. For that reason it is urged that they be incorporated in the text.

Illustrations.—These should be kept to the minimum necessary to make clear the points to be registered by the author. In some instances they are imperative to proper understanding, in others they are merely picturesque.

Where illustrations are to be used they should accompany manuscripts and each should always be referred to in the text, preferably by number. Drawings or graphs should not be larger than 12 by 16 inches, and must be made with jet-black India ink on white paper or tracing cloth. *Do not use typewriter for lettering.* The smallest lettering on 8 by 10 inch copy should be no less than one-quarter inch high. Cross-section paper (white with black lines) may be used, but should not have more than four lines per inch. If finer ruled paper is used, the major division lines should be drawn in with black ink, omitting the finer divisions. In the case of finely ruled paper, only blue-lined paper can be accepted. Lettering and all markings must be large enough to be readable after reduction. Mail rolled or flat. Photographs should have clear black and white contrasts and be on glossy white paper.

Whenever possible "crop" photographs, *i. e.*, mark portion that can be excluded when reproduced. Crop marks should be on *margin* of photographs—not on the *photographs*.

It is important to mark the top of the illustration on the back, also its number as referred to in the text, thus, Fig. 1, 2, and the name and address of the author.

Legends should be typewritten on one sheet of paper and attached to the illustrations.

How to Become a "Fellow of the American Medical Association."—To be eligible to take part in the annual session of the American Medical Association at Cleveland, Ohio, June 2 to 6, 1941, a physician must be a Fellow of the American Medical Association. Physicians who contemplate attendance at this year's annual meeting of the American Medical Association and who desire to take part in the meetings of the scientific sections of the American Medical Association should now make formal application for Fellowship by writing directly to the American Medical Association, 535 North Dearborn Street, Chicago, Illinois. Every "member" of the American Medical Association (all members of the California Medical Association are "members" of the American Medical Association) is eligible to become a "Fellow of the American Medical Association."

The cost of American Medical Association Fellowship is \$8 per year, which covers subscription to *The Journal of the American Medical Association*.

International College of Surgeons to Meet in Mexico City.—The International College of Surgeons will hold its fifth international assembly in Mexico City, August 10 to 14, 1941, in response to the invitation of the Mexican Government. Those seeking travel information are advised to communicate with Dr. Max Thorek, International Executive Secretary, 850 West Irving Park Boulevard, Chicago.

"Foundation Prize."—The rules governing the award of "The Foundation Prize" of the American Association of Obstetricians, Gynecologists, and Abdominal Surgeons:

1. The award, which shall be known as "The Foundation Prize," shall consist of \$150.

2. Eligible contestants shall include only (a) interns, residents, or graduate students in obstetrics, gynecology, or abdominal surgery; and (b) physicians (with an M. D. degree) who are actively practicing or teaching obstetrics, gynecology, or abdominal surgery.

3. Manuscripts must be presented under a *nom de plume*, which shall in no way indicate the author's identity to the secretary of the Association, together with a sealed envelope bearing the *nom de plume* and containing a card showing the name and address of the contestant. . . . For information, address: James R. Bloss, M. D., Secretary, 418 Eleventh Street, Huntington, West Virginia.

Theobald Smith Award.—Dr. Herald R. Cox, Principal Bacteriologist of the United States Public Health Service, stationed at the Public Health Service Rocky Mountain Laboratory, Hamilton, Montana, has been unanimously nominated by the Theobald Smith Award Committee to receive the 1940 Theobald Smith award in medical science. This honor is conferred on Doctor Cox for his outstanding research in the rickettsial diseases, resulting in the development of a new technique for the preparation of protective vaccines against Rocky Mountain spotted fever and typhus fever. The presentation was made at the meeting of the American Association for the Advancement of Science held in Philadelphia during December, 1940 and January, 1941.

The Theobald Smith Award was established in 1935 by Eli Lilly & Company, to be bestowed upon an investigator under thirty-five years of age for "demonstrated research in the field of the medical sciences, taking into consideration independence of thought and originality." The award consists of a bronze medal and a pecuniary consideration of \$1,000.

Noted Jelliffe Library is Acquired by Neuropsychiatric Institute of Hartford.—Acquisition of a 15,000 volume medical library described by bibliophiles as the most complete of its kind in the world, was recently announced by Dr. C. Charles Burlingame, Psychiatrist-in-Chief of the Neuropsychiatric Institute.

The library, representing a lifetime of collecting by Dr. Smith Ely Jelliffe of New York, nationally known psychiatrist and editor of the *Journal of Nervous and Mental Diseases* and the *Psychoanalytic Review*, is to be transferred to the Institute "to assure a permanent home for it under conditions which would be of satisfying benefit to future generations of psychiatrists and neurologists," according to Doctor Jelliffe.

The library is now in process of being shipped to Hartford, Doctor Burlingame stated. The Institute already has a sizeable library in its Science Building, it was pointed out, with thousands of volumes dating back to its founding in 1822, and with this latest acquisition will give the Institute the greatest library of this type in the country, if not in the whole world.

American Medical Golfing Association Golf Tournament, June 2.—The American Medical Golfing Association will hold its twenty-seventh annual tournament at Cleveland Country Club and Pepper Pike Club in Cleveland, Ohio, on Monday, June 2, 1941. Members may tee off from 7:30 a. m. to 2 p. m.

Thirty-six holes of golf will be played in competition for the fifty trophies and prizes in the eight events. . . .

All male Fellows of the American Medical Association are eligible and cordially invited to become members of the American Medical Golfing Association. Write Executive Secretary Bill Burns, 2020 Olds Tower, Lansing, Michigan, for application blank.

Incidence of Smallpox.—Smallpox has practically disappeared in the United States, where laws requiring vaccination for school attendance have been in force for a number of years, according to information just published by the United States Public Health Service.

In the twenty-year period, from 1900 to 1919, slightly more than three-quarters of a million cases of smallpox were reported in the United States, and in the two succeeding decades the number reported totaled nearly 700,000 cases, 75 per cent of which occurred in the decade from 1920 to 1929. During the period from 1900 to 1919, inclusive, 11,435 deaths from this disease were recorded, and from 1920 to 1939 the number fell to 5,337, 90 per cent of which occurred from 1920 to 1929. These figures were made public in a report by Dr. C. C. Dauer, Epidemiologist, District of Columbia Health Department, by the Public Health Service (Public Health Reports, Vol. 55, No. 50).

During the past forty years there has been a progressive change in the type of smallpox seen in the United States, a change from a large proportion of severe cases with a relatively large number of deaths to a greater percentage of the mild type with very few deaths.

A large proportion of the cases reported in the past decade have occurred in the north-central and northwestern sections of the country, while in the eastern part of the United States the disease has practically vanished.

United States Public Health Service Activities During 1940.—Coöperative health activities with the states continued both in venereal disease control and general health services. Research contained under the National Cancer Act in various phases of the complicated cancer problem, with increasing coöperation of many scientific institutions in the country.

Outstanding progress was made in connection with knowledge of three important diseases. For the first time it was found that the common house mouse harbors the virus of lymphocytic choriomeningitis, and that the disease without nervous symptoms appears to be widespread. A strain of poliomyelitis was introduced successfully into the eastern cotton rat and thence into white mice. Heretofore the monkey has been the only laboratory animal susceptible to this disease. "The discovery that the white mouse contracts the disease with characteristic symptoms makes possible a great expansion of laboratory research in various aspects of the poliomyelitis problem," Surgeon-General Parran revealed.

During the year an egg-culture vaccine was developed which offers real hope for immunization against epidemic typhus fever. The importance of this discovery is accentuated because typhus fever traditionally has become epidemic in war-torn countries. A supply of this vaccine has been sent to Hungary and Rumania for test under field conditions.

NYA Allots Millions for Defense Work.—Washington, April 6 (AP).—The National Youth Administration today allotted \$21,955,000 to the forty-eight states, Puerto Rico, and the District of Columbia to train youth for defense employment.

Approximately 384,000 out-of-school young men and women will receive such training from April through June, NYA said.

Among the allotments, California got \$926,575.—San Francisco *Examiner*, April 7.

"Medical Politician."—The reiteration of a commonly used phrase the other day occasioned the analysis of the scientific status of your officers. Perhaps you have called your counselor or other officer a "medical politician." By using this careless and oftentimes offending appellation you indicate a belief in your mind that these men are sacrificing their scientific advancement for political conquests.

There are twenty-one men in this group; one-third are certified by their specialty boards; two-thirds are members, either of the American College of Surgeons or of the American College of Physicians. They are divided about fifty-fifty between the specialists and the general practitioners. Every man is actively in the private practice of medicine. At least five of the men have published scientific articles.

If you still insist on calling these scientific gentlemen "medical politicians," remember that it is better for you to be led by "medical politicians" of your own choosing than to be governed by politicians, neither scientific nor chosen by you.—*Jour. Michigan S. M. S.*

New Officers of Hospital Associations.—Dr. Benjamin W. Black, Medical Director of Alameda County, is now the president of the American Hospital Association. At the Western Hospital Convention in San Francisco, Ellard L. Slack, Superintendent of Merritt Hospital, was elected president of the Association of Western Hospitals and Alfred E. Maffly, Superintendent of Berkeley Hospital, was elected state treasurer of the Association of California Hospitals. New officers of the East Bay Hospital Conference are: A. C. Jensen of Fairmont Hospital, president; J. S. Rafter of Richmond Hospital, vice-president; Ruth Wescott of Alameda Hospital, secretary.

Medicine for the Needy.—One serious charge made against the medical profession is that the cost of its service puts it out of reach of a considerable proportion of the people. That charge has been thoroughly investigated and found to be largely baseless. The Bureau of Medical Economics of the American Medical Association has made an exhaustive study and found that there are few persons in this country desiring medical aid who are unable to obtain it. When queried, the mayors of one hundred typical cities on all population brackets testified that there was no neglect of the poor because of their inability to pay.

Anyone who has seen the medical profession in action knows the truth of this. The average doctor can give but part of his day to the care of patients who pay him. Many hours in each week are given to charitable work in hospitals, homes and institutions, treating the indigent whom he knows will never be able to meet a bill. The great majority of doctors base their charges on the ability to pay, and those who can pay nothing are given the same scrupulous treatment as the wealthiest patient.

It is reliably estimated that the doctors give at least \$1,000,000 a day of free service to the sick in this country. The sum of \$365,000,000 a year is a munificent contribution indeed to the cause of public health. The old saying that "time is money" is particularly applicable to the doctor, and he gives it generously to the needy. No man or woman, no matter how meager his resources, need lack expert attention in time of accident or illness.—Editorial in *Berkeley Courier*.

Helium Used to Eliminate Explosions in Anesthetic Agents.—The use of the wonder-gas, helium, in eliminating the explosive hazard of certain anesthetic agents was recently discussed by George W. Jones, chemist, Bureau of Mines, United States Department of the Interior.

To secure relaxation of the patient and eliminate pain during operations, medical science has long depended upon anesthetic agents such as ether. Such agents, if combustible, may be explosive when in mixture with air. In relatively recent years, the widespread adoption of ethylene and cyclopropane for such purposes has contributed to these explosive hazards. If flame or sparks accidentally set off the mixture of combustible agent and air breathed by the patient, death may result. Fortunately, great care is usually exercised to insure elimination of sources of ignition and the fatalities have been relatively few. However, it is impossible to overcome completely the possibility of accident leading to sparks or high temperatures because surgical lamps, x-ray apparatus, diathermic apparatus, cauteries and other heated instruments may be required or static electricity may be generated by necessary movements.

The Bureau of Mines has developed a technique using helium that permits the use of nonexplosive gas mixtures containing combustibles for anesthesia.

From a President's Message.—There are 175,382 physicians in the United States. It is estimated that approximately 140,000 of this number are in private practice. Of these, the Directory of the American Medical Association lists 36,483 as limiting their practice to the various specialties. This would make the proportion of general practitioners to specialists 4 to 1.

Representation in the House of Delegates of the American Medical Association, on the other hand, is 2 to 1 in favor of specialists, and in Pennsylvania the proportion is 3 or 4 to 1. This is ascribed to various causes, the chief one probably being the general practitioner's apathy toward medical organization and society meetings, and to the fact that specialists are usually good society men, for it is here they sell their wares to the general practitioner.

Probably the specialist represents the general practitioner with great fairness, but he may not be so acutely aware of the general practitioner's problems, since in the main they do not bother the specialist.

If the general practitioner wants to be heard, he should come out to the meetings and not be afraid to talk and let his views be known. He should have a "say" in the selection of delegates. He should at all times be a strong organization man. He should battle against ever having an inferiority complex.—*The Bulletin* (Lycoming County Medical Society).

California Medical Association Membership Lapsed on April 1 if State Association Dues Were Not Paid.—To comply with the United States postal regulations and the provisions of the Constitution and By-Laws of the California Medical Association, CALIFORNIA AND WESTERN MEDICINE was compelled to remove from its mailing list after the April issue, the names of all physicians whose 1941 dues had not been received at the San Francisco headquarters office.

Also, on date of April 1, the State Association was obliged to remove such names from its membership roster and report to the American Medical Association the names of physicians whose dues were unpaid, so the American Medical Association could remove such names from its roster.

These complications can be avoided if all physicians who have not paid their 1941 State Association dues will take care of this important matter immediately.

Dues should be paid to secretary-treasurers of county medical societies, who will transmit them to the San Francisco office. State Association dues for 1941 are \$15.

Payment of dues will assure receipt of the succeeding issues of CALIFORNIA AND WESTERN MEDICINE. Also, it will restore a physician to membership in the State Association and make him eligible to receive the benefits and services offered by the State Association and the American Medical Association.

Members delinquent in dues on April 1 of a calendar year, and who later in the same year pay their dues, are restored to membership by action of the California Medical Association Council.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Health Insurance Plan Opposed

Proposals favoring a compulsory health insurance program for California were rejected by a vote of nearly 5 to 1 by members of the Commonwealth Club's section on public health, it was revealed today.

Majority and minority reports of the health section were submitted to the membership of the club last night at a banquet in Hotel Bellevue.

Dr. Eugene S. Kilgore, presenting arguments for the majority report, declared compulsory health insurance was bureaucratic.

Dr. Samuel A. Goldman, presenting the arguments on behalf of the minority report, said that many workers unable to pay for medical aid go without needed care.—*San Francisco Chronicle*, March 21.

* * *

San Francisco Doctors Score City Health Service County Medical Society Head Tells Members to "Clean House"

Angered at refusal of directors of the Municipal Employees' Health Service System to keep a bargain, San Francisco doctors yesterday appealed over the directors' heads to the members of the system.

Dr. Harold A. Fletcher, president of the County Medical Society, called on members to clean house, declaring the whole system is in danger of collapse if they don't.

Reject Fee Slate

Cause of the trouble was refusal of the health service board to accept Thursday night a new schedule of fees which 86 per cent of all doctors had approved, and which 94 per cent of the doctors with the most business had approved.

Despite an earlier agreement to accept the new schedule if doctors approved it, the health service board failed to muster the necessary two-thirds majority for it. Negative votes by Martin F. Wormuth and John Kane killed the schedule.

Collapse Threatened

"This is another instance of the bungling incompetence, instability and unreliability on the part of the health service board with which doctors have had to contend for the past two and one-half years," said Doctor Fletcher.

"The municipal employees had better look into this situation themselves and clean house, or the first thing they know their group health insurance venture, with which we doctors have been happy to cooperate, will collapse."

The executive committee of the board of directors of the County Medical Society will meet today to decide what its next step will be.

Pointedly the statement of the society mentioned that Wormuth and Kane will be up for reelection in May.—*San Francisco Examiner*, March 21.

* * *

San Francisco Employees' Health Service Ruined by Politics

The City Employees' Health Service System which started out as a legitimate effort to get group medical service at reduced costs, has degenerated into a political racket.

The members of the board administering this group plan for the city employees have become obsessed with their own importance and have entered into mutual squabbles and recriminations which have discredited both the board and the system.

At the outset the doctors accepted a schedule of extremely low fees in the belief that this would be offset in part by guaranteed payment without additional collection expense. Instead, they found that even these low fees

remained unpaid for months and then were paid off at as low as 52 cents on the dollar or not paid at all.

Meanwhile, the clerical work necessary for the numerous reports required by the health system added heavily to the doctors' office expenses. The net result was to make this part of their practice a headache.

The doctors pleaded again and again for fair play from the health system. They got nothing but promises—and the promises never were kept.

The latest example was an offer from the health system's board of directors to accept a new schedule of fees if 75 per cent of the doctors voted for that schedule. Ninety-four per cent of the doctors duly voted for the new schedule. Thereupon two directors of the system repudiated the new fee schedule which the directors themselves had offered.

Wholesale withdrawal of doctors from the city employees' group health plan is now under way. The result of these withdrawals will be merely to put city employees in the same situation as the rest of the population. They can still have treatment from any doctor they want, but they will have to pay for it at the same rates paid by thousands of other San Franciscans, instead of chiseling on the rates.

The city employees had a good thing, but apparently are determined to kick it away. There is no good reason, anyway, why city employees, who already enjoy security and many other privileges not given to private employees, should have medical service at lower cost than the rest of the people.—Editorial, *San Francisco Examiner*, March 27.

* * *

Man Is Charged with Posing as Doctor

C. A. DeVere, 49, was booked in the county jail here Tuesday morning, charged with violating a section of the business and professions code by posing as a doctor without the proper credentials.

DeVere was arrested in Colfax by Constable William McCleary on a complaint signed by J. W. Williams, an investigator for the California Medical Association.

He pleaded not guilty to the charge in the justice court of Judge Dolphus Dittimore and his trial was set for March 27.

According to District Attorney Lowell Sparks, DeVere had been contacting a number of doctors in Placer County for the purpose of organizing a class in anatomy.

Several doctors had signed up to take the course, although DeVere had not collected any money from them. . . .

He had in his possession a number of specimens of parts of the human anatomy, preserved in alcohol, which he used in his lectures.

The section of the business and professions code which he is charged with violating is a misdemeanor. DeVere engaged Attorney Wallace Shepard of Sacramento to defend him.—*Auburn Journal Republican*, March 20.

* * *

"Free to All"

Medical Care Bill Is Filed

Sacramento, March 8 (UP)—An initiative constitutional amendment which would designate the practice of medicine and its related arts, sciences and auxiliary professions as a "public utility," and provide for its socialization was filed with Secretary of State Paul Peek today.

The measure, submitted by Avery C. Moore of Oakland, called for creation of a Department of Medical Care, administered by a board of sixteen persons appointed by the governor with the governor and attorney general as ex officio members.

Each division under the department would be represented by two persons trained in that phase, while the general public would represent the general public. The various services would be "free to all people," according to Moore's proposal.

Moore requested the proposal be submitted to Attorney General Earl Warren for a title and summary, then be circulated in petition form for submission to the electorate.—*San Francisco Chronicle*, March 9.

* * *

Court Denies Acquittal Order for American Medical Association in Antitrust Case

Washington, March 7 (AP).—Justice James M. Proctor of the federal district court today refused to direct the acquittal of the American Medical Association, on trial for violation of the Sherman Antitrust Act.

He made the ruling in directing the acquittal of four of the American Medical Association's codefendants.

Several Are Cleared

Dr. Leon A. Martel and Dr. J. Rogers Young, Washington physicians named in the original indictment, and the

Washington Academy of Surgery and the Harris County, Texas, Medical Society, thus were exonerated.

"As to the other defendants, I think the evidence is sufficient to put them on the defense and accordingly the motion is denied as to them," Justice Proctor said.

These other defendants include the American Medical Association, the District of Columbia Medical Society and eighteen physicians.

Restraint Conspiracy

Justice Department prosecution of the organization and doctors is based on charges of a conspiracy to restrain trade in the alleged hampering of activities of the Group Health Association, a cooperative whose members receive medical treatment in return for a fixed monthly fee.

Justice Proctor told the jury his action in freeing four of the defendants should have no bearing as to what conclusions the jury may reach as to the other defendants. He said he simply determined there was insufficient evidence to submit the cases of the four to the jury.—*Sacramento Bee*, March 7.

* * *

Spoils System and Public Health

The argument over government socialized medicine produces considerable confusion in the public mind.

The medical profession is not, as some seem to believe, stubbornly opposed to the efforts of government to aid the sick and diseased. It heartily approves of such efforts when legitimate and sound. It supports government hospitals where private facilities are lacking—supports government medical aid of those afflicted with mental and nervous diseases—supports the long established, excellent work done by the public health service.

Since 1874, surprising as it may seem, the American Medical Association has repeatedly urged the establishment of a federal department of health with a secretary who shall be a doctor of medicine and a member of the President's cabinet. It has invariably offered whole-hearted cooperation in developing efficient and economical ways of expanding public health and maternal and child health services.

What, then, does the medical profession—along with qualified laymen—oppose?

It opposes political ventures in the medical field which would inevitably and rapidly reduce public health standards—and destroy or hamper essential work in the battle against disease. Political domination of the medical profession would mean that a doctor's political pull was more important than his abilities as a practitioner. It would mean that medicine would become a great new field for political patronage. Thus, it would mean unnecessary death, unnecessary suffering, unnecessary illness.

A doctor's party label has no influence on his expertness at diagnosis and prognosis. But, under socialized medicine, the party label would come first.—*Walnut Creek Courier-Journal*, February 20.

* * *

Wills \$50,000 to University of California for Medical Study

Establishment of a chair to conduct special research in tropical medicine at the University of California was assured today with the filing of the will of Mrs. Florence B. Musgrave of Hotel Claremont, which stipulates that over \$50,000 be given the university for this study.

The university has made outstanding contributions in the field of tropical medicine. Dr. Alfred C. Reed, a specialist in this subject, has received international recognition for his work.

Mrs. Musgrave, widow of the late Dr. William E. Musgrave, widely known California physician, in a will dated January 27, 1936, with fourteen additional articles, leaves \$500 to the San Francisco Society for the Prevention of Cruelty to Animals; \$1,000 to a sister, Mrs. Rose A. Croke of San Francisco, and the residue of the estate to be given the university to create a chair of tropical medicine to be known as the William E. Musgrave Memorial.

Attorneys filing the will for probate in Superior Court this morning, stated that the residue would total over \$50,000. Mrs. Musgrave's will specifically states that the chair be established in the Pacific Institute in Berkeley within the Hooper Foundation of the University of California.

In addition, the will also specifies that a professorship be established to conduct this study. Executors of the estate are Dr. Howard Morrow of San Francisco, Walter A. Starr of Piedmont, and Garret W. McEnerney, chairman of the Board of Regents, University of California.

Mrs. Musgrave died February 4 at Hotel Claremont, where she had resided for several years. Her husband, the late Doctor Musgrave, was secretary of the California Medical Association, and was a contributing editor to the American Medical Association magazine. Mrs. Musgrave was a native of England.—*Berkeley Gazette*, February 26.

Dog Pound Bill

The senate public health and safety committee has set 9 o'clock next Tuesday morning as the time for a second hearing on Senate Bill 488, by Senator Frank L. Gordon of Napa County, which would place the disposal of animals from public pounds, for medical and research purposes, under the State Department of Public Health.

At the beginning of a preliminary hearing on the proposal yesterday, Senator Gordon arose and identified himself as the author by stating:

"I have been painted as someone with horns and all that. Look me over."

Mrs. Alice M. Clark of San Francisco, representing the Pacific Cat Club, said she and a group of women who are opposed to the bill are interested particularly in protecting dogs and other pets which may come in the hands of the poundmaster and subsequently be turned over to laboratories before the owners are aware of the animals' whereabouts.

The health and safety committee tabled Senate Bill 245, by Senator Irwin T. Quinn of Humboldt County, which would have fixed by law a minimum salary of \$50 a month for medical internes in California hospitals.

Representatives of the Los Angeles County Hospital and the San Francisco City and County Hospital, in opposing the bill, declared its passage would increase the cost of operating the Los Angeles institution \$62,000 a year and the San Francisco hospital \$60,000.

Quinn said the internes in California hospitals receive on an average of \$15.50 per month during their year of required service.—*Sacramento Bee*, March 12.

* * *

California Health League Elects

Dr. Peter Blong, Alhambra physician, recently was elected president of the California Public Health League.

The league is the official economic and political arm of the Medical Association of California, with offices at Los Angeles, San Francisco and Sacramento.

Leaders in the medical and medical educational field are included among its members.—*Alhambra Post-Advocate*, February 26.

* * *

Medical Men to Plan Aid for Defense

San Francisco (AP).—Ways giving effective aid to the national defense program without impairing service to the civilian population will be discussed by hospital executives of the eleven western states beginning here today.

It will be the fifteenth annual convention of the Association of Western Hospitals. The medical phase of the national defense program already has affected many of the institutions to be represented.

Under the theme "Hospital Preparedness in a Democracy," some of the nation's leaders in hospital administration will suggest means of keeping the various institutions ready for service in military or local emergencies and at the same time cooperating with the government on the medical features of defense.

Clarence J. Cummings of Tacoma, president of the association, said about two thousand delegates were expected. The convention starts tomorrow with religious services in connection with the western conference of the Catholic Hospital Association, a major component of the association proper. General assemblies will be held tomorrow through Thursday, with allied group meetings filling out the five-day program.—*Sacramento Union*, March 2.

* * *

Hospital Group Opens Sessions

Deferment of Drafted Personnel Sought

How can hospitals give more effective aid to the preparedness program? What will the effect of selective service be on hospital staffs? How quickly can women be trained to replace men at strategic points in the various fields of hospital service?

Those and many other questions currently important to hospital welfare will be discussed in the five-day convention of the Association of Western Hospitals, which opened today at the Fairmont Hotel with more than two thousand delegates attending.

Dr. B. W. Caldwell, Chicago, executive secretary of the association, told of legislation before Congress asking for deferment of hospital personnel from selective service as "an industry essential to national defense."

Doctor Caldwell said study sessions at the convention would be pointed toward working out a studied plan to follow the needs and influences of the preparedness program. Such a farsighted program must be prepared for the increasing hospital needs in wartime, he said.

Ellard L. Slack, administrator at Merritt Hospital, Oakland, urged members to maintain a supply and inventory six months ahead of their minimum level. He pointed out the hospital association had petitioned the National De-

fense Council to give civilian hospitals the same priority of delivery as other defense agencies.

Dr. Arthur C. Bachmeyer, president of the American College of Hospital Administrators, spoke on the long-range preparedness program and its effect on hospitals. He said hospitals are already adjusting themselves to the problem of departure of personnel to military or technical posts in the defense program.

Catholic delegates opened their conference yesterday with a solemn mass at St. Mary's Cathedral, followed by a luncheon for Catholic sisters at St. Joseph's Hospital.—*San Francisco News*, March 27.

* * *

Two Hundred Years Before

Editor: Dr. L. F. Barker, professor emeritus of medicine of Johns Hopkins medical school, in a paper read before the New York school of social workers, stated that the age to which a man lives is determined before his birth. Dr. Oliver Wendell Holmes stated that the time to begin training a child is two hundred years before his birth.

Life insurance companies base their risks largely on the history of the ancestors of their insured. Medical men are influenced in their opinions on diagnosis and prognosis largely by the family history, all of which is another way of stating that heredity plays an important rôle in shaping our lives.

It has long been recognized that heredity plays an important part in plant and animal industry, and scientists have utilized that fact to improve their stock. More and more thinking people are realizing the importance of heredity in the human family.

Recently there has been issued a brochure containing the names of 110 scientists, professors, educators, ministers, lawyers and doctors, endorsing the work of the American Eugenics Society. This number could be increased by many thousands of similar people who feel the necessity of improving the human family through improving their heredity.

Approximately three hundred colleges and universities in the United States use literature put out by the eugenists as texts for their genetic and biological classes.—Eugene H. Pitts, M. D.—*Sacramento Union*, February 27.

* * *

Hospital Officials Told Defense Needs

Executives of western hospitals delved farther today into the problems of civilian and military needs after being warned at opening sessions of their conference at the Fairmont Hotel yesterday that "the emergency already is here."

Lieutenant-Colonel John F. Corby, M. D., of the Ninth Corps Area, warned that many more physicians and surgeons will be needed with the rapid expansion of the Army.

Dr. L. R. Chandler, dean of the Stanford University Medical School, suggested that all hospitals investigate themselves "critically and honestly" to determine minimum operating staff sizes.

An even more grim suggestion came from Dr. Benjamin W. Black, medical director of Alameda County Hospital and head of the American Hospital Association. He proposed studies be made at once of bomb-proof operating rooms, blackouts and sandbag protection, particularly in hospitals located near the coast lines and near large military establishments.—*San Francisco News*, March 4.

* * *

State Pound Bill Tabled in Senate

Humane Groups Oppose Act to Give Health Board Power Over Strays

Examiner Bureau, Sacramento, March 18.—By a vote of 8 to 1, the senate committee on public health and safety tabled Senator Frank Gordon's so-called humane pound bill, sponsored by the California Medical Association.

Major opposition came from the California Citizens Humane Committee for the Protection of Pound Animals, of which Clarence E. Richards was the spokesman, and the Tailwaggers Foundation of America, headed in California by Mrs. Frank Borzage.

Interference Denied

The bill's opponents disclaimed any effort to interfere with legitimate scientific experimentation on animals.

They declared that the State Board of Health under the proposed new law would be given complete power over the disposition of stray animals, in effect confiscating property, and also making useless the work of privately endowed humane organizations.

Senator Protests

Senator Robert W. Kenny of Los Angeles declared that as a dog owner, who paid a license fee each year, he "opposed giving any state board the right to take three-

quarters of a million dollars in Los Angeles alone each year from dog owners, and direct the spending of it."

James Lindsay, for the Tailwaggers Foundation; Charles Friedrichs, of the State Humane Association; Louis Burke, of the League of California Cities, and William H. Neal, assistant Los Angeles city attorney, and Mrs. Billie Burke Ziegfeld, of the Tailwaggers Foundation, were among the others who spoke against the bill.—*San Francisco Examiner*, March 19.

* * *

Porter Clinic Stone-Laying

Cornerstone-laying ceremonies for the Langley Porter Clinic on the campus of the University of California Medical Center, Third and Parnassus avenues, will be held at 2:30 o'clock tomorrow afternoon, with scores of state, city, and county officials taking part, as well as medical leaders of the bay area.

The clinic will cost about \$500,000, and will be a neuropsychiatric unit of the Department of Institutions and will be under direction of the medical school.

Honor Doctor Porter

It is named in honor of Dr. Langley Porter, dean emeritus of the University of California Medical School.

Dr. Aaron J. Rosanoff, Director of the State Department of Institutions, will be master of ceremonies, with Governor Olson laying the cornerstone.

Doctor Porter will speak, as will Robert Gordon Sproul, University President.

Wilbur Invited

Music by the band of the University of California will open and close the program, to which the invited guests include Dr. Ray Lyman Wilbur, President of Stanford University, and Dr. Walter L. Treadway, Medical Director of the United States Public Health Service.—*San Francisco Call-Bulletin*, April 4.

LETTERS†

Concerning Gratuitous Medical Service Examinations Under the Selective Service Act.

HAROLD A. FLETCHER, M. D.

RUSSELL FLETCHER, M. D.

SAN FRANCISCO

March 5, 1941.

To the Editor:—I am enclosing a short series of letters on the medical examinations for the Draft Boards, which are more or less self-explanatory. The first is a postscript of a letter from Harry Wiley to my brother Russell, which I answered for Russell, and my reply is enclosed; also, Doctor Wiley's reply as well as his reply to my letter suggesting that it might be of interest to publish these letters or parts of them in the *JOURNAL*, possibly under a column devoted to a discussion of this subject, and inviting further comments from other doctors throughout the state.

I realize that the Council has taken this subject up, but I feel that the sooner the County Medical Societies begin to think about positive action to correct the bad conditions to get some concerted action at the next annual session, the better it will be. As it stands now, this job which has been dumped into the lap of the medical profession, stands as an outright super- and exorbitant tax on the medical profession above the taxation which is placed on the rest of the taxpayers, both state and national. I feel very definitely that this is going to be a long program, and the medical profession should, as a whole, go to the Governor and to the State and demand that this special taxation on the medical profession be removed, and that doctors be reimbursed for their services.

... I think that the sooner thorough general discussion of this subject is brought about, the better. The medical men are becoming very restless under the present régime

†CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.

of arduous examinations which they are asked to donate gratis.

With my kindest personal regards, I remain

Sincerely yours,

HAROLD A. FLETCHER, M. D.

✓ ✓ ✓

Huntington Park, February 8, 1941.

Harold A. Fletcher, M. D.

Medico-Dental Building

490 Post Street

San Francisco, California

Dear Harold:

Your letter of the 29th received. Thanks a lot. It is perfectly agreeable with me to have our letters sent to *CALIFORNIA AND WESTERN MEDICINE*, and I feel as you do that if they were published in the *JOURNAL* they might provoke some healthy discussion. There are a lot of things that the delegates should be thinking about between now and the annual session, and this is one of them.

With very kindest regards, I am

Sincerely,

HARRY WILEY, M. D.

✓ ✓ ✓

January 21, 1941.

Harry Wiley, M. D.

2701 Florence Avenue

Huntington Park, California

Dear Doctor Wiley:

Russell turned over the postscript of your letter to me regarding the work that has been thrown upon the medical profession with regard to the Selective Draft Board.

I think your questions are absolutely right and justified, and are very pertinent to the situation that we have in hand. I think these questions could very rightly be taken up in every one of the various County Medical Societies, and thoroughly discussed; then their delegates to the State Association could come to some definite conclusion as to what the medical profession's continued attitude toward this should be. If this is done, at least we would all know more about it, and we could come to some more definite conclusions.

The work of the Defense Program, as we all know, is so great that it is hard to determine how it can best be accomplished. The position of the medical men on the local Draft Boards goes back to the Medical Defense Committee's work of the American Medical Association. The American Medical Association, as well as our state societies, of course, must do their part and assume their responsibilities in the defense program as far as medicine is concerned. This committee has been working for years, and particularly during the past two years it has been working intensively on the question. Doctor Dukes of Oakland, who is past president of the California Medical Association, is chairman of the Western Division of the California Medical Association Committee, and Dr. Philip K. Gilman and others of the State Society have done their best to organize this work and spread it out over the medical profession as fairly as possible. When it came down to the Selective Draft, the United States Government left this problem in the hands of each State to handle as its own problem. Whether some States were able to raise money to pay a minimum charge for doctors' services in examining the draftees or not, I do not know. However, in California I know that the powers that be in Sacramento do not feel that the State has any money for this work. Therefore, the doctors and the lay workers on the Draft Boards are unpaid, with the exception of certain full-time technical clerks. The Army, of course, could not possibly supply the medical men for this work, as they do not have enough medical men in the Army at present to carry on their own work. A draftee is not in the Army,

as yet, and it is only when he comes up to the Induction Board that he becomes a part of the Army.

Here in San Francisco, after having the problem completely bailed up by the Governor and the Adjutant-General's office, who are not following the plans of the American Medical Association Committee on Medical Defense, the County Medical Society here took things in hand and got it fairly well straightened out so that the work is spread out over a great many of doctors without too much concentration on certain ones. However, the problem is still present, and as time goes on it should be worked out with more fairness to the medical profession.

With my kindest personal regards, I remain

Sincerely yours,

HAROLD A. FLETCHER, M. D.

✓ ✓ ✓

(COPY)

Enclosure

HARRY WILEY, M. D.

HUNTINGTON PARK, CALIFORNIA

Postscript of a letter addressed to Russell Fletcher, M. D., and dated January 16, 1941.

P. S.—Note in this month's CALIFORNIA AND WESTERN MEDICINE where Harold, as chairman of a special committee of the San Francisco County Medical Society, called a meeting with Colonel Bert S. Thomas and staff of the California Adjutant-General's medical department, etc. One question I would like to put to Harold, to the county medical societies, to the Governor, the Government, and everybody concerned:

Why are they asking the medical profession to examine these draftees gratis? It is taking hours and hours of their time and I know many down here are doing it at a great sacrifice. Why wouldn't it be a simple solution to detail a man already in the service on salary to go from Board to Board and do this examining?

HARRY WILEY, M. D.

✓ ✓ ✓

Huntington Park, California,

January 27, 1941.

Harold A. Fletcher, M. D.

Medico-Dental Building
490 Post Street
San Francisco, California
My dear Harold:

Many thanks for your letter of the 21st. I feel that we are all in accord on this matter, but sort of working at cross-purposes. I like your suggestion that it should be taken up with the various county medical societies, and I wish I were big enough and influential enough to take it up not only with our own county medical societies, but with all the State Associations and the American Medical Association. To my way of thinking, it is one of the great injustices, regardless of all others, that we have had to suffer and that has ever been placed upon the medical profession.

I agree with you that the Defense Program is large and great, but I do not agree with you that it is hard to determine how it can best be accomplished. It will easily be accomplished if the entire American public, including capitalists, bankers, manufacturers, workers (including representatives of all unions), lawyers, dentists, medical profession, and *everybody* who constitutes America, give their utmost to putting across the Defense Program. However, in the present position, the medical men are expected to give something for nothing, which nobody else will. If everybody else connected with the Defense Program—which, after all, I think would be the ideal way—gave their time and service, then it would be just and right to expect the medical profession to do likewise. If the medical men are expected to do this, then why shouldn't the lawyers,

the dentists, the laborers, especially the high-up officials of the unions, give their time for nothing? Perhaps I am a trifle radical, but I still think my argument is just.

You bring up the point that the Army could not possibly supply medical men for this work, and I must disagree with you heartily. They could easily order enough reserve officers to do all this examining. You state that a draftee is not in the Army, and yet at behest of the Government he is ordered up to become a part of the Army. During times when an emergency does not exist, the Army maintains recruiting offices, consisting usually of a medical officer and a sergeant of the Medical Corps, and they stay at the recruiting office for months at a time on full pay with only an occasional applicant whom they examine. Why shouldn't they now be given full time and examine twelve or fifteen draftees a day? When I went into the service in No. 1 War, I did this very recruiting duty for the first three weeks, and, from my experience of that time, I know that it could easily be accomplished by medical army officers who are being paid for their services.

Hoping that we will be able to work this thing out, I am with very kindest regards,

Yours,

HARRY WILEY, M. D.

Concerning Hardships on Medical Reserve Officers: A Letter with Queries.

April 1, 1941.

To the Editor:—A condition which some of us feel warrants the attention of the California Medical Association and the American Medical Association has arisen as a result of the present emergency and the methods adopted by the Army and the Navy Departments.

From conversations with other Reserve officers and from outside reports, I think my own experience is perhaps typical of the situation. Many of us have belonged to the Reserve for several years, and when the question of remaining as such arose we were assured that we would not, and in fact could not, be called to active duty without consent except in time of war. As late as November, 1940, we were officially advised not to give up present civilian occupations, and emphasizing the fact that every consideration would be given in case of call so as to work no unnecessary hardship in adjusting affairs, also recommending that those wishing deferment submit letter stating their reasons. Yet less than ten days after receiving this memorandum, orders were issued to some of us, giving from four to fifteen days in which to report for active duty, in most cases, some distance from our homes.

The result has been that in most cases the doctors concerned were forced to simply close their offices and leave both patients and personal affairs in confusion. The fact that many of us were heavily obligated in the way of real estate, etc., made the situation increasingly bad. This method of procedure has in no way helped the morale of those concerned, many of whom feel it unnecessarily severe under present conditions of so-called peace.

The result of this inability to make adjustments will undoubtedly be that most of us will not only lose our hard-won practices, but possibly our investments in equipment and property. Under recent laws, those called for a year with the National Guard and Selective Service are assured of their jobs upon return to civil life, but these do not protect professional and business men required to leave their business.

As far as I can ascertain, medical officers have no assurance that, when the emergency is over, they will not be simply dropped at the discretion of the Army and the Navy officials as coldly as they were inducted, perhaps with as little warning, and probably in a period of depression. That this will work great hardships upon thousands of them now sacrificing their practices is no question.

It seems only just that pressure be brought to provide some protection, either in choice as to remaining in regular service, or in some form of cash allowance, to give a reserve while again locating in civil life. An equitable form of the latter would be half the annual base pay such as is now provided in case of death. The time to take this action is *now*, when the need for medical officers is acute. We, in early active duty, are now the victims of this situation, but if war comes many now actually profiting by our absence will be placed in the same category. Only by organized effort by our representative organizations can this be accomplished.

Fraternally,

(Signed) : _____

Concerning Meeting of the Western Branch, American Public Health Association.

San Francisco, March 13, 1941.

To the Editor:—May we ask you to call to the attention of your readers the twelfth annual meeting of the Western Branch, American Public Health Association, at Hotel San Diego, San Diego, May 26 to 29, 1941.

I am enclosing information on the various sessions for your use. For further information, please write to W. Ford Higby, 45 Second Street, San Francisco.

Sincerely yours,

(Signed) W. F. HIGBY,
Secretary.

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The annual meeting of the Western Branch, American Public Health Association, will be held at Hotel San Diego, San Diego, from May 26 to May 29, 1941. Plans are being laid to build this meeting around the National Defense Program as it affects the public health worker. There will be sessions on Housing, Venereal Disease, Maternal and Child Hygiene, Industrial Hygiene, and Sanitary Engineering. All of these sessions will consider the problems from the national, state, and local viewpoint as well as from the military viewpoint, and also the health education and nursing aspects of these problems.

The session on Housing will be presided over by Dr. Bertram P. Brown, Director, California Department of Public Health.

It is hoped that Dr. Edith P. Sappington, Regional Medical Consultant, Children's Bureau, United States Department of Labor, will preside at the Maternal and Child Hygiene session.

Dr. K. F. Meyer, Director, Hooper Foundation of Medical Research, San Francisco, will lead the session on Communicable Diseases.

Frederick Carlyle Roberts, Jr., State Sanitary Engineer, Arizona State Board of Health, will lead the session on Industrial Hygiene and Sanitary Engineering.

Dr. William F. Snow, Chairman, Executive Committee, American Social Hygiene Association, will preside over the Venereal Disease Session.

Dr. Reginald M. Atwater, Executive Secretary, American Public Health Association, will lead an important discussion on the strengthening of our local health departments as a means of aiding in the National Defense Program.

The opening meeting will present as the speaker of the day, Dr. W. P. Shepard, President, Western Branch, American Public Health Association. On the same program, Dr. J. C. Geiger, Director, San Francisco Department of Public Health, will speak on the subject, "England's Wartime Experience in Public Health and What We in This Country Can Learn From It." Also, there will be an address by Dr. W. T. Harrison, Medical Director, Liaison Officer, United States Public Health Service, care

of Ninth Corps Area, on "The Public Health Program in Areas Adjacent to Military Centers."

James G. Stone, Executive Secretary, Los Angeles County Tuberculosis and Health Association, who is the chairman of the Program Committee, assures us that this program will not lag for one moment from Monday morning until Thursday night, except for Wednesday afternoon, which will be left open for meetings of affiliated groups and for recreation.

Concerning Sulfathiazole-Winthrop.

(COPY)

WINTHROP CHEMICAL COMPANY, INC.
170 VARICK STREET—NEW YORK, N. Y.

Sulfathiazole-Winthrop

Important Notice

April 3, 1941.

To the Editor:—In the manufacture of tablets of Sulfathiazole-Winthrop, "M. P." control series (December, 1940), some of the tablets were accidentally contaminated with phenobarbital. Immediately upon discovery of this, active steps were taken by us to recover this *entire* series.

Our attempt to assure the return of all tablets of the "M. P." control series is being continued, in conjunction with the nation-wide effort of the U. S. Food and Drug Administration and other public agencies. In the interest of public safety, your prompt cooperation with us and with these public agencies in this search will be greatly appreciated, as these contaminated tablets may be dangerous.

Please examine the mark on every package of our Sulfathiazole tablets, and return to us immediately for exchange any package marked with the letters "M. P." If you have dispensed tablets from bottles bearing these control letters, will you kindly endeavor to recover all such tablets which have not been consumed.

Needless to say, this occurrence is a matter of profound regret to us. Nothing of this nature has ever happened before in our history, and we are taking extraordinary precautions to prevent a recurrence. For more than two decades we have served the medical and pharmaceutical professions. During that period we have earned a reputation for high standards and outstanding products which we shall strive faithfully to maintain.

WINTHROP CHEMICAL COMPANY, INC.

Concerning Reprints of Article, "Preventable Seasonal Suffering."

(COPY)

CUTTER LABORATORIES
Berkeley, California, March 3, 1941.

To the Editor:—We recently mailed an advertising letter on our pollen extracts to California physicians with which was enclosed a reprint of an article by Milton M. Hartman on "Preventable Seasonal Suffering," which appeared in the February, 1940, issue of CALIFORNIA AND WESTERN MEDICINE (on page 55).

Doctor Hartman, who had not seen the letter in question, phoned me shortly after its release, stating that it had caused him considerable embarrassment in that other physicians had assumed that he was connected with this laboratory in some way, or, at least, was using and recommending Cutter extracts. Such an assumption is entirely incorrect, as Doctor Hartman is in no way connected with this company and, I believe, is preparing his own extracts, so could hardly be recommending ours.

I would sincerely appreciate it if this letter could be published in an early issue of your JOURNAL.

Cordially yours,

CUTTER LABORATORIES.

F. A. Cutter.

Concerning Donations to "California Medical Association Needy Members Fund."

Fresno, March 17, 1941.

To the Editor:—Enclosed find an item for solicitation of funds for aid to needy members, and forms for contributions and bequests.

I have adapted these forms from the Pennsylvania Medical Society forms. . . .

I should like to have this published in the April number of *CALIFORNIA AND WESTERN MEDICINE*.

Very sincerely,

(Signed) A. E. ANDERSON, M. D.

✓ ✓ ✓

SOLICITATION

The Committee on Aid to Needy Members, realizing the fact that an adequate fund must be accumulated before distribution of aid can commence, hereby solicits subscriptions and bequests. Contributions will be acknowledged through *CALIFORNIA AND WESTERN MEDICINE*. Such gifts or bequests are recognized as proper deductions in calculating annual income for tax purposes. Blank forms for contributions and bequests, as below, may be used.

✓ ✓ ✓

CONTRIBUTION

I hereby agree to contribute to the Aid to Needy Members Fund of the California Medical Association the sum of \$_____ and agree to pay the same as follows:

Mail to California Medical Association, 450 Sutter Street, San Francisco.

✓ ✓ ✓

BEQUEST

I hereby give and bequeath to the Aid to Needy Members Fund of the California Medical Association the sum of \$_____ to be used for the aid of needy members and their dependents under the rules and regulations adopted by the California Medical Association.

(The foregoing form to be an item of the will of the person making the bequest.)

Concerning Course in Tropical Medicine.

New York, N. Y., March 4, 1941.

To the Editor:—Enclosed is a notice of the course in tropical medicine that is being given at the New York Postgraduate Medical School, Columbia University, in May of this year.

Very sincerely yours,

Z. BERCOVITZ, M. D.

✓ ✓ ✓

COLUMBIA UNIVERSITY

New York Postgraduate Medical School

Department of Medicine

Course No. 348: Recent Advances in Tropical Medicine (Preliminary Announcement). Five days, May 19 to 23, 1941. Under the direction of Dr. Z. Bercovitz. Fee, \$50.

The purpose of this course is to bring to physicians a review of the fundamentals of the various subjects in tropical medicine, and the more recent advances that have come from research. To this end, arrangements have been made to have authorities in their respective fields give lectures and demonstrations in their specialties. Clinical and laboratory material is available for study and demonstration, and the students are given an opportunity for practical work in clinical parasitology.

Applications should be addressed to the Director, 309 East Twentieth Street, New York City.

Concerning Prize Awards in the Scenario Contest (California Medical Association Committee on Public Health Education).

(COPY)

Los Angeles, March 25, 1941.

Mr. John Hunton

Executive Secretary

California Medical Association

450 Sutter

San Francisco, California

Dear Mr. Hunton:

Your letter informing me that I have been awarded first and second prize and the title prize in the California Medical Association's scenario contest arrived this afternoon.

As you can imagine, I am pleased and thrilled, and feel amply repaid for the research, creative and technical labor involved in both scenarios. Indeed, the research proved an education in itself, and I enjoyed every moment of the work. For this reason I feel the projected motion picture or series of pictures will be a boon to laymen everywhere, and I hope the Association will be able to follow through on the production of "Milestones of Medicine." It will, I hope, fill a long-felt need in acquainting the public with the achievements of medical science.

My thanks to you, sir, and, through your good offices, to the Committee on Public Health Education and the officers, councilors, and members of the California Medical Association.

Sincerely yours,

CARL FOREMAN.

Concerning the Western Association Industrial Physicians and Surgeons.

Crockett, California, March 18, 1941.

To the Editor:—Enclosed is a copy of the program for the first annual meeting of the Western Association of Industrial Physicians and Surgeons.*

All physicians are cordially invited to attend our session. The luncheon, to be held on Sunday, May 4, at 12:30, will not entail an extra charge for those who are registered at the hotel.

The Western Association of Industrial Physicians and Surgeons, whose charter meeting is being held at Del Monte on Sunday, May 4, 1941, has been a component society of the American Association of Industrial Physicians and Surgeons since January 1, 1941. Its objectives are to promote interest and education in industrial medicine and in its problems, which include:

Physical examinations of employees.

Plant sanitation and preventive medicine in industry.

The problem of placement of partially disabled or aged employees.

The medical or surgical care of those disabled through occupational accidents or disease.

The rehabilitation of employees not adequately adjusted following injuries or disease, as well as

The status, interpretation and trends of compensation laws.

There are two classes of memberships.

(a) Active membership, which includes those members who are engaged at least 25 per cent of their time in industrial medicine and are responsible for the medical environment of the employees of a unit of industry; they must belong to their respective county medical societies and be either members or Fellows of the American Medical Association; these members automatically become members of the American Association of Industrial Physicians and Surgeons; and

(b) Associate membership, which comprises those members who, through their specialties and practice, treat industrial injuries or disease, but whose connection with the industrial background of their patients is more remote.

Members of both classifications receive the *Journal of Industrial Medicine*. Membership as of March 15 is approximately one hundred.

* For date of meeting, see page 177. List of addresses will appear in the program.

The agencies actively interested in various phases of industrial medicine are numerous. They include: State Bureaus of Occupational Hygiene, United States Public Health Service Bureaus, American Industrial Hygiene Association, American College of Surgeons, and various foundations carrying out research or educational work; and recently, the American Medical Association through its Council of Industrial Health, and, of course, the State Society through its Industrial Practice Committee.

It is part of the program of the Western Association of Industrial Physicians and Surgeons to keep informed of the proceedings of these organizations, and so further the interests of industrial medicine. For this reason, we invite all members of the California Medical Association, who find it possible, to attend our meeting. We look forward to much of mutual interest, whatever the special field of our guests.

Respectfully submitted,

CHRISTOPHER LEGGO, M. D.,
Secretary.

Concerning a Lecturer on "Anatomy of the Head and Neck."

(COPY)

STATE OF CALIFORNIA
DEPARTMENT OF
PROFESSIONAL AND VOCATIONAL STANDARDS
BOARD OF MEDICAL EXAMINERS

Sacramento, California,
April 4, 1941.

Mr. J. W. Williams, Assistant Special Agent
Board of Medical Examiners
515 Van Ness Avenue, Room 214
San Francisco, California

Re: Charles Augustus de Vere

Dear Mr. Williams:

Recalling the individual named Charles Augustus de Vere, whom you arrested in Auburn, a news item printed in the *Sacramento Bee* of April 2, 1941, related that Charles Stone, Chief of the State Bureau of Criminal Identification in Sacramento, advised District Attorney Lowell Sparks of Placer County that "one of the human hands found in possession of C. A. de Vere, asserted bogus medical doctor, under arrest here, has been identified as that of a man arrested in St. Louis in 1926. The hands, preserved in jars, were forwarded to the State Bureau of Criminal Identification in Sacramento after de Vere, awaiting trial here for violating the Business and Professions Code by posing as a doctor, refused to say where he had obtained them. The Bureau official said a comparison of the fingerprints shows the hand belonged to Wallace James Johnstone, then 27, arrested in the Missouri city on a charge of suspicion of robbery. Johnstone gave Spokane, Washington, as his home address. The officials are endeavoring to determine what became of Johnstone subsequent to his arrest."

Very truly yours,

C. B. PINKHAM, M. D.,
Secretary-Treasurer.

"Charles Stone, Chief of the State Bureau of Identification, today announced C. A. de Vere, under arrest in Auburn, Placer County, on a charge of impersonating a medical doctor, has admitted the source of his collection of preserved sections of human bodies.

"De Vere was arrested in Colfax on March 16 and his gruesome cargo was confiscated by the police after one of his series of lectures on the anatomy of the head and neck,

which the authorities say he gave in many cities throughout the country, including Sacramento, last November.

"In de Vere's possession the police found the equivalent of a traveling morgue—a sixteen-cylinder automobile stocked with preserved sections of the human body, ranging from thirty human skulls to eight jars of eyes. These, de Vere told the police, he used in his lectures.

"Among the collection was a set of preserved human arms, which through fingerprints taken by the State Bureau of Identification, were found to be those of William James Johnstone, arrested in St. Louis in 1926 on suspicion of robbery. A human head, which the police believe also was Johnstone's, was found in the collection.

"Stone said he is checking with the St. Louis police for further details on Johnstone.

"After checking on de Vere's background, Stone said the arrested man was found to be Charles Augustus Devermann, whose home was in New Jersey, although he had been in California for more than five years.

"Stone says the New Jersey police checked with de Vere's mother, who said, to her knowledge, her son was not a doctor and had not gone beyond the ninth grade in school, although he did attend night school for a time.

"Letters and receipts found on de Vere's person showed he had lived in Stockton, Los Angeles, and New York.

"State Investigator Roger Green said de Vere enlisted the aid of a group of doctors in each city he visited to arrange for his courses. He charged \$20 a person for the lectures, which Green said were supposed to be 'refresher courses' for doctors a long time out of medical school.

"Stone declined to divulge the name of the institution where de Vere claims he obtained the collection of preserved human members until he 'is sure de Vere is telling the truth.'

"Records found on de Vere's person show he has lectured in San Francisco and Oakland, and he was recommended by five Sacramento doctors prior to his lecture here.

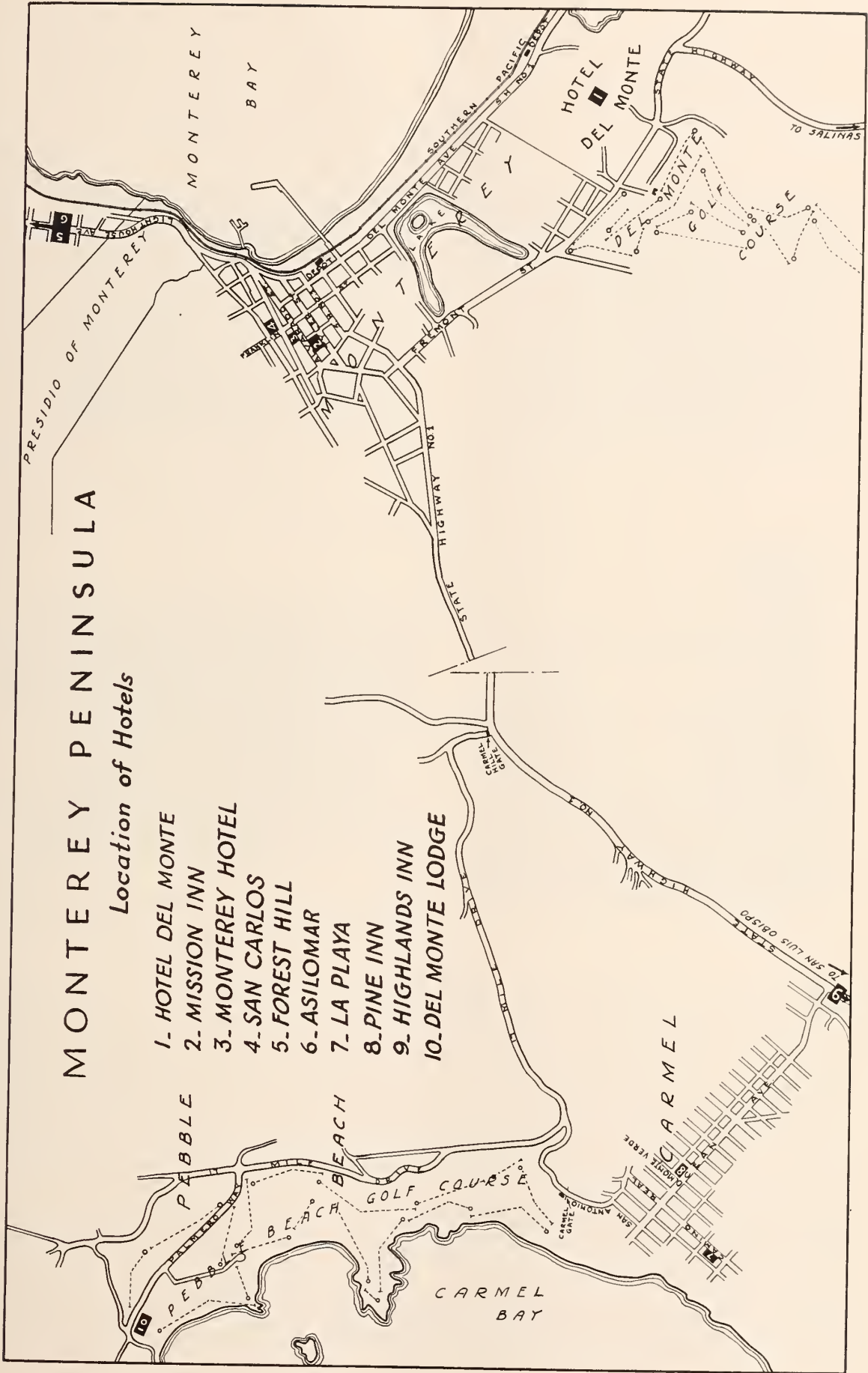
"Yesterday de Vere admitted he is not a doctor of medicine, although numerous communications were found in his possession with the letters 'M. D.' after his name.

"The complaint against de Vere was sworn to by the State Medical Board."—*Sacramento Bee*, April 3.

How long ago it seems. In 1859 Mr. Richard C. Downing, superintendent of sanitary inspection of New York City, said, "I consider it very unjust to give the health inspector of the City of New York power to quarantine a house where there is smallpox."—*Better Times*, December 13, 1940.

Nothing is more important at the present time than to continue and to intensify the campaign against tuberculosis and against syphilis, and I hope that no one will permit his attention to be swayed from the objectives we have in mind, because the fight against these diseases is more important at a time of crisis as a measure of national defense than it is in normal times.—Frank C. Boudreau, M. D.

In a ten-year tuberculin-testing program in rural and town schools in four counties in Minnesota the percentage of reactors has fallen from 14.1 to 6.75 per cent. The decrease is attributed to a careful follow-up of all positive reactors, with an intensive search for the source of the infection. Contact with open cases of tuberculosis was broken by hospitalization of the case or placing the children in a home free from tuberculosis. All teachers and school personnel were included in the plan.



TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIV, No. 4, April, 1916

From Some Editorial Notes:

Medical Defense and Insurance Companies.—In spite of numerous items in the *Journal* explaining, as was thought, carefully and clearly the attitude of the State Society in the case of a member who holds indemnity insurance and is sued, the situation seems to be vague in some minds, as will appear from a communication from Orange County, which see elsewhere. In the first place, the State Society's legal department is on the friendliest terms with all the insurance companies, and we work together when circumstances warrant it. No member need take out insurance unless he fears that some time or other a judgment by a jury may be given against him, or he may be grossly careless and create a situation which will require him to compromise by a money payment. The State Society will fight all suits against members and pay all court costs if they have no insurance; if they have insurance, the member may choose whether the State Society shall protect him or whether the insurance company shall do it, and if he elects to have the insurance company appear for him, and if we think that their attorney has not enough experience in this work to do it right, our own attorneys will assist in the case. Nine times out of ten, or more, it is not at all necessary for more than one attorney to spend time on a case; in the early stages, it is never necessary. If the holder of indemnity insurance does not notify the company immediately he is threatened or sued, he violates a clause in his policy, thereby canceling the policy, and the money he has paid for premiums is thrown away. . . .

Medical Defense.—The map of California shows the location of all suits filed and gives an explanation of the marks in the counties.

There have been three (3) judgments against members in seven (7) years.

The total amount of these judgments was \$3,960.

The cost of the work for the first five (5) years was \$13,323.07
for the last two (2) years..... \$16,157.04

Total..... \$29,480.11

From an Original Article on "A Water-Borne Epidemic of Typhoid Fever at Santa Barbara," by J. C. Geiger, M. D., Assistant Director of the Bureau of Communicable Diseases, California State Board of Health, Berkeley, California.—Pursuant to instructions received from the Secretary of the California State Board of Health, an investigation of a number of cases of typhoid fever, occurring in Santa Barbara, was carried on by the Bureau of Communicable Diseases, the source of infection of the outbreak not having been determined. Coöperation had been previously asked of the State Board of Health by Dr. R. F. Winchester, Health Officer of Santa Barbara.

At our initial conference, Doctor Winchester informed me that there were in Santa Barbara at that time a number of suspected cases of typhoid fever, the diagnosis of the majority being somewhat in doubt. He also stated that some of the cases had not been reported to his office.

(Continued in Front Advertising Section, Page 15)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By CHARLES B. PINKHAM, M. D.
Secretary-Treasurer

Board Proceedings

At a regular meeting of the Board of Medical Examiners, held in Los Angeles, February 24 to 28, approximately seventy-five applicants wrote the examination, two of whom were applicants for drugless practitioners' certificates; the rest were graduates of approved medical schools.

Changes were made in the status of the following licentiates:

LICENSES RESTORED

Hugo W. Foss, licensed restored on February 28, 1941, and placed on probation for five years, without narcotic privileges.

Matthew J. Marmillion, license restored on February 27, 1941, and placed on probation for five years.

LICENSES REVOKED

Samuel D. Barnes, alleged illegal operation; license revoked on February 27, 1941.

Frederick M. Rossiter, charged with alleged illegal operation; license revoked on February 27, 1941.

John Jerome Tobinski, charged with alleged illegal operation; license revoked on February 28, 1941.

News

"Appointments to State boards, announced today by the office of Governor Olson, included: Dr. K. Chester Gummess of Los Angeles, medical examiners, term ending on January 15, 1945, succeeding Dr. William H. Geistweit, Jr., term expired. . . ." (United Press dispatch, dated Sacramento, February 17, and printed in the *San Francisco Chronicle*, February 18, 1941.)

"Dr. Philip K. Gilman, professor of surgery at Stanford University, is the newly elected president of the Pacific Coast Surgical Association. . . . Besides Doctor Gilman, president, other officers selected include: Dr. William J. Norris of Los Angeles, vice-president; Dr. R. D. Forbes, Seattle abdominal surgeon, second vice-president; and Dr. Frederick Reichert, professor of neurosurgery at Stanford, secretary." (*Los Angeles Times*, February 22, 1941.)

"One of the special funds, for example, is the medical examiners' fund, administered by the Board of Medical Examiners. It collects license fees from doctors, spends the money for the regulation of medical practice in the state. If the medical examiners have enough money saved up and need an extra filing clerk to handle the increase in medical records, should the finance department budget sleuths have the right to tell this board that it can't hire the clerk because the general fund is broke? Most of the budget men themselves don't think so, and certainly no doctor would approve of such 'meddling' in the profession's affairs. . . ." (*Sacramento Union*, February 7, 1941.)

"The Board of Supervisors late yesterday appointed Dr. Thomas D. Wyatt county physician and health officer by a 3 to 2 vote. He will replace Dr. O. J. Hansen, who has

(Continued in Front Advertising Section, Page 18)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.

How to Use S-M-A Powder

EACH PACKAGE OF S-M-A* CONTAINS ONE MEASURING CUP



1 Empty one tightly packed measuring cup of S-M-A powder into bottle.



2 Add enough warm previously boiled water to make one ounce.

3 Cap bottle and shake powder into solution. Feed at body temperature.



4 Easy, isn't it?



S-M-A READY TO FEED PROVIDES:

● 20 calories to the ounce, but more important, the nutritional value of S-M-A is that of a complete well-balanced food. When prepared as above, each quart provides:

10 mg. Iron and Ammonium Citrate
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NORMAL INFANTS RELISH S-M-A—DIGEST IT EASILY AND THRIVE ON IT

*S-M-A, a trade mark of S-M-A Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition



tion of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

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THE POTTENGER SANATORIUM AND CLINIC

For Diseases of the Chest

Monrovia, California

AN INSTITUTION FOR DIAGNOSIS AND THERAPY

CHOICE rooms and bungalows at rates ranging from \$35 per week up, including medical service, general nursing, x-rays, routine laboratory examinations, ordinary medicines and therapeutic pneumothorax.

A few accommodations as low as \$25 per week assigned on special application in selected cases. In the foothills of the Sierra Madre Mountains, thirty-five miles from the ocean. Surrounded by beautiful gardens.

Close medical supervision. Aside from tuberculosis, special attention is given to asthma, bronchiectasis, lung abscess and kindred diseases.

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CALSO is not a laxative and contains no sulphate.

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25 Years Ethical

CALSO WATER CO.

524 Gough St. • San Francisco

Medical Activities in France Are Undergoing Great Changes.—“Medical life in France is undergoing great changes,” the regular Paris correspondent of *The Journal of the American Medical Association* reports in a communication dated August 24, the first received from him since the German occupation last June. “The unforeseen and rapid occupation of the capital by the army of invasion threw not only the hospital and health services but also academic life and scientific output into confusion. Many periodicals have discontinued publication. Others had to reduce the number of their pages by half. Beginning with the first of the year, articles signed by Jews may not be published. The cutting off of communication between free and occupied France has practically made two countries of France.

“The number of physicians in the capital has fallen tremendously. Of the six thousand five hundred physicians in Paris and the department of the Seine, only two thousand remained after the mobilization at the end of April. This number was further reduced to four hundred and fifty by June 14, the day the Nazis entered Paris. While large numbers of the population fled, the reduction was not so great as to make the greatly reduced body of physicians sufficient for the needs of the people. Whole areas of the city could show neither medical practitioner, midwife nor druggist. Sanitary offices had likewise ceased. The faculty of medicine, the laboratories and the libraries were almost abandoned. Public health was seriously menaced. Thanks to the courageous initiative of voluntary health committees, such as that of Paris and its environments, no epidemics occurred. The Academy of Medicine, which had planned a refuge in advance, remained at its post though in greatly reduced number and with curtailment of its activities. However, its meetings were regularly held. The Pasteur

(Continued on Page 36)

BACKGROUND

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WITH
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CIGARETTE
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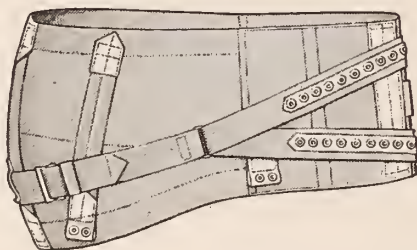
132 West 43rd Street, New York City

Gentlemen: Please send me literature on O-NIC-O Denicotinized Products.

DR.....

ADDRESS.....

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PROMPT AND EFFICIENT SERVICE
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C. H. HITTENBERGER CO.

1117 Market St. » San Francisco « 460 Post St.

—421 Nineteenth Street, Oakland—

(Continued from Page 34)

Institute continued its work without interruption. Gradually, general practitioners returned, the hospitals were reopened and health services were resumed.

"The French medical press was inundated by publicity. No discrimination was made between legitimate specialties and commercial exploitation. To correct these conditions, the government has appointed as health director not a politician, as was formerly done, but Dr. Serge Huart, a physician. Among the reforms introduced by him is one that may serve as an index of present social tendencies, namely the regulation which prohibits the practice of medicine to those whose fathers were not Frenchmen, unless they themselves have seen service in the French army or made some scientific contribution to the country of their adoption. This law strikes especially at the Jews. In the department of the Seine, nine hundred Jewish physicians will have to terminate their practice at once. Whatever hardships may be involved in this reform, it should be remembered that considerable abuses had crept in under the liberalism of French laws. Alien physicians from all points of the compass, many of whom could scarcely speak French, had abused the privileges shown them by the country by first obtaining a medical university diploma, which does not confer the right to practice, and then converting it with the aid of politicians into a state diploma. Not only that, but these aspirants to medical practice did not settle in rural districts, where often there was only one physician for three thousand inhabitants, but in cities already well supplied and especially in Paris, where they were so numerous that the ratio was that of one physician for six hundred inhabitants.

"The health service has been reorganized, and reorganization was greatly needed. Heretofore fifty-two bureaus spread among seventeen ministries exercised powers that

(Continued on Page 38)

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A Reminder from Borden about

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IN BIOLAC—the *liquid* modified milk for infants—sound nutrition and ease of digestion are assured by four key principles.

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3. Carbohydrate Adjustment—as in breast milk, carbohydrate for the growing young is provided solely by lactose, and in Nature's own equilibrium of 60% beta, 40% alpha lactose.

4. Vitamin and Iron Adjustment—vitamins A, B₁, D, and iron are provided at recognized prophylactic levels, making their ingestion automatic and certain.

Needing only simple dilution with boiled water, Biolac assures a sterile formula—even including the carbohydrate. It is sold only in drug stores; no feeding directions are given to the laity.

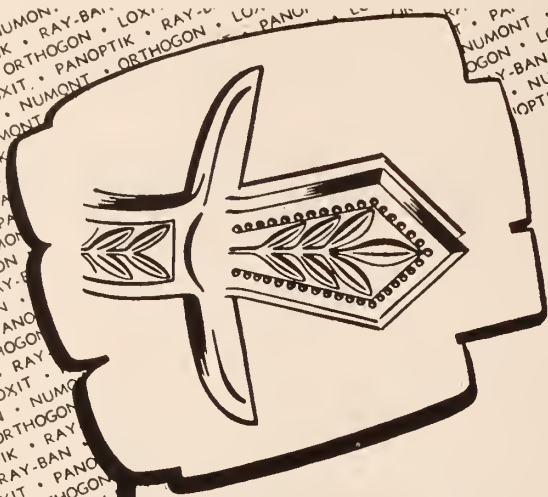
- Please enclose professional card or letterhead when requesting literature or samples. The Borden Co., 350 Madison Avenue, New York City.



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Loxit★ was the pioneer screwless

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Transporting the Sick since 1906

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SAN FRANCISCO**

**Physicians' and Surgeons'
Telephone Exchange
Nurses' Bureau**

(Continued from Page 36)

were archaic, involved and inefficient. For example, milk control was in charge of the veterinary department of the ministry of agriculture, but it had no powers against violators of the milk laws. The officers of the ministry of health charged with the execution of health laws were the prefects and as such functioned under the ministry of the interior. They were assisted in part by local agents and thereby subjected to influences detrimental to efficiency. No unitary conception of public health services existed. The new order seems to promise a greater efficiency. An intimate association has been established between the family and health. No one will deny that these are vital problems with the strongest interrelations. The future of the race, its fertility, its ethnic significance are bound up with the problems of

alcoholism, syphilis, nutrition, physical education, infant welfare and others. In the new setup the influence of local functionaries is minimized. They are replaced by administrative and supervisory officers, divided into twenty health districts, which are to replace the eighty-nine departments. These sanitary staffs will have a wider territory to cover, will be more independent and technically more centralized, and possess a correspondingly greater authority."

Family life in contact with a case of tuberculosis greatly increases risk of the infection spreading, especially in the age group when health is of maximum economic and social importance.—George R. Ramsay, M. D., et al., *Health News*, October 21, 1940.

THROUGH ALL THESE YEARS



Against the background of all these years—in fact, since 1925—the Holland-Rantos laboratories have pioneered in the realm of contraceptive research. This represents the longest comprehensive study in this field. In the products of the Holland-Rantos Company, physicians are assured of the best findings confirmed by this continuous research.



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Enjoy chewing gum yourself. See how the chewing helps relieve tension by giving it a try during your busy days.

Have some gum in your pocket or bag and in the office. Your patients—children and adults—appreciate your friendliness when you offer them some. Try this for a month—you'll be pleased with the results.

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V-24

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Report First American Case of Cyst in Finger Joint. The first American case and the sixth in medical literature of an epithelial (outer skin and mucous membrane covering) cyst enclosed in the bony part of an end joint of a finger is reported in *The Journal of the American Medical Association* by Samuel C. Yachnin, M. D., Passaic, New Jersey, and Frederick Summerill, M. D., Middletown, New York.

They say there are two possible explanations of its origin, either congenital (born with) malformation with misplacement of the epithelial cells during the embryo stage of life, or an injury which implants the cells in the bony structure.

In each of the six cases reported there was a history of a crushing or penetrating injury which damaged the nail bed. C. Friedländer, the proponent of the first theory, claims that the misplaced cells are stimulated to growth by injury. However, Doctors Yachnin and Summerill state

that "it is difficult to accept the view of congenital origin, for trauma [injury] was a constant finding. . . . We feel, therefore, that these tumors are caused by the implantation of epithelial cells into the bone as a result of the injury. This could take place through the smallest kind of a fracture or even by transmission along the vascular [blood vessel] channels. . . . The rate of growth of the tumor appears to be quite slow. In four cases the injury was sustained from thirteen to fourteen years before the appearance of symptoms, while in Friedländer's case the interval was one year and in our case two years. . . . No recurrence has been reported following treatment by amputation."

The results of any tick bite may be serious from the introduction of dangerous parasites, but the bite itself may prove harmless.

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Tells of a Hitherto Undescribed Form of Lung Disease in Newborn Infants.—What he terms a hitherto undescribed form of epidemic lung disease occurring in newborn infants is described in *The Journal of the American Medical Association* by John M. Adams, M. D., Minneapolis.

The disease appeared in epidemic form with thirty-two cases during January, February and March, 1937. There were nine deaths. The disease, Doctor Adams says, was a virus infection similar to influenza, but he ruled out influenza as ferrets inoculated with fresh material from the patients failed to generate neutralizing bodies against the influenza virus. Further evidence that the epidemic infection was a virus disease was indicated by its extreme contagiousness, its distinctive symptoms (cough, low grade fever, labored breathing and skin blueness), characteristic lung and blood changes and the failure of investigators (Minnesota State Board of Health) to identify the causative bacterium.

"Several recent reports of 'atypical pneumonia,' the author points out, 'indicate that the recognition of viruses

(Continued on Page 44)

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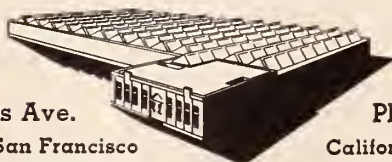
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(Continued from Page 42)

as possible causes of pulmonary [lung] disease is no longer limited to epidemic influenza. Much further study and classification of such disease is obviously needed at the present time. The ubiquity of the viruses must put physicians on guard for similar outbreaks of infection of the respiratory tract in infants."

The conviction that the disease was due to a virus is further borne out, Doctor Adams says, by the fact that the mortality was 100 per cent in the premature infants affected. Newborn infants have a short immunity to other than virus diseases.

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CONTENTS AND SUBJECT INDEX

EDITORIALS:

Greetings to New Officers	253
American Doctors for Britain	254
American Medical Association Trial: Judge's Charge to Jury	255
Naturopathic Licensure	257

Sinus Infections: Their Relationship to Respiratory Disease. By Ferris Ar- nold, Long Beach.....	270
Primary Repair of Tendons. By Martin Debenham, San Francisco	273

STATE MEDICAL ASSOCIATION:

California Medical Association.....	277
Seventieth Annual Session.....	277
California Committee on Medical Preparedness.....	283
Committee on Public Policy and Legislation	284
Committee on Postgraduate Activities	285
Committee on Public Health Education.....	286
County Societies	286
Woman's Auxiliary.....	288
California Physicians' Service.....	289

EDITORIAL COMMENT:

Milk-Borne Carcinogenic Virus. By W. H. Manwaring, Stanford Uni- versity	258
--	-----

SCIENTIFIC AND GENERAL:

The Hour of Death. By Emil Bogen, Olive View	260
Equine Encephalitis in the San Joaquin Valley. By R. J. van Wagenen, Fresno	264
Allergic Eczema of Infancy and Child- hood: Application of Skin Testing. By Hyman Miller, George Piness, and Willard F. Small, Los Angeles.....	267
Chronic Gall-Bladder Disease. By H. Glenn Bell, San Francisco.....	269

MISCELLANY:

News	291
Letters	296
Medical Jurisprudence	296
Twenty-Five Years Ago.....	298
Board of Medical Examiners of the State of California	298
California Medical Directories.....	Adv. pages 2, 4, 6
Book Reviews	Adv. page 14

ADVERTISEMENTS:

Index	Adv. page 8
-------------	-------------



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Secretary, Gertrude Moore, 353 30th Street, Oakland.
Meeting, *Third Monday, 8:15 p. m., Hunter Hall, Oakland.*

Butte-Glenn County Medical Society
President, Charles Benninger, Jr., Oroville.
Secretary, J. O. Chiapella, 131 Broadway, Chico.
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Contra Costa County Medical Society
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Secretary, L. Abbott Hedges, 912 Macdonald Avenue, Richmond.
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Fresno County Medical Society
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Meeting, *Fourth Thursday, Deer Park Villa, Fairfax.*

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President, Royal Scudder, 123 Laurel Street, Fort Bragg.
Secretary, Otto L. Gericke, Mendocino State Hospital, Talmage.
Meeting, *on Call.*

Merced County Medical Society
President, A. B. Bigler, 165 N. Second Street, Chowchilla.
Secretary, James A. Parker, Bank of America Building, Merced.
Meeting, *Third Thursday, Hotel Tioga, Merced.*

Monterey County Medical Society
President, James McPharlin, 8 East Alisal Street, Salinas.
Secretary, R. D. Mace, 601 South Main Street, Salinas.
Meeting, *First Thursday.*

Napa County Medical Society
President, R. C. Burkett, 1130 First Street, Napa.
Secretary, M. M. Booth, Bruck Building, St. Helena.
Meeting, *First Wednesday.*

Orange County Medical Association
President, Lawrence C. Cameron, 218 South Main Street, Santa Ana.
Secretary, Milo K. Tedstrom, 1626 Bush Street, Santa Ana.
Meeting, *First Tuesday, 8:00 p. m., Chapel of the Orange County Hospital, Orange.*

Placer-Nevada-Sierra County Medical Society
President, Lucas W. Empey, Roseville.
Secretary, Robert A. Peers, Colfax.
Meeting, *At Call of President.*

Riverside County Medical Society
President, Wayne K. Templeton, 3770 Twelfth Street, Riverside.
Secretary, Hobart M. Kelly, 3616 Main Street, Riverside.
Meeting, *Second Monday, 8:00 p. m., Library, Riverside Community Hospital.*

Sacramento Society for Medical Improvement
President, Frank Warne Lee, 510 Physicians Building, Sacramento.
Secretary, Curtis H. McDonnell, California State Life Building, Sacramento.
Meeting, *Third Tuesday, 8:30 p. m., Auditorium, Sacramento.*

San Benito County Medical Society
President, J. M. O'Donnell, Hollister.
Secretary, L. E. Smith, Hollister.
Meeting, *At Call of President.*

San Bernardino County Medical Society
President, Eugene H. Hull, San Bernardino.
Secretary, A. E. Varden, Medico-Dental Building, San Bernardino.
Meeting, *First Tuesday, 8:00 p. m., San Bernardino County Charity Hospital.*

San Diego County Medical Society
1410 Medico-Dental Building, 233 A Street, San Diego

President, Frank A. St. Sure, 4067 Van Dyke Avenue, San Diego.
Secretary, W. H. Geistweitz, Jr., 810 Medical Building, 233 A Street, San Diego.
Meeting, *Second Tuesday, University Club.*

San Francisco County Medical Society
2180 Washington Street, San Francisco
President, Harold A. Fletcher, 490 Post Street, San Francisco.
Secretary, L. Henry Garland, 2180 Washington Street, San Francisco.
Meeting, *Every Tuesday, 8:15 p. m., 2180 Washington Street, San Francisco.*

San Joaquin County Medical Society
President, Raymond Leroy Owens, 28 Cory Building, Lodi.
Secretary, George H. Rohrbacher, 1005 Medico-Dental Building, Stockton.
Meeting, *First Thursday, 8:15 p. m., Medico-Dental Club Rooms, Stockton.*

San Luis Obispo County Medical Society
President, Horace Hagan, 1215 Chorro Street, San Luis Obispo.
Secretary, E. M. Bingham, County Health Department, San Luis Obispo.
Meeting, *Third Saturday, 6:30 p. m., Gold Dragon Cafe, San Luis Obispo.*

San Mateo County Medical Society
President, H. H. Whitney, 1204 Burlingame Avenue, Burlingame.
Secretary, Thomas Farthing, 23 Second Avenue, San Mateo.
Meeting, *Fourth Wednesday, Benjamin Franklin Hotel, San Mateo.*

Santa Barbara County Medical Society
President, H. R. Schwalenberg, Cottage Hospital, Santa Barbara.
Secretary, D. H. McNamara, 317 W. Pueblo Street, Santa Barbara.
Meeting, *Second Monday, Cottage Hospital.*

Santa Clara County Medical Society
President, A. J. Baiocchi, 369 South Third Street, San Jose.
Secretary, Leon P. Fox, Ste. Claire Building, San Jose.
Meeting, *Third Monday, 7:00 p. m., Sainte Claire Hotel, San Jose.*

Santa Cruz County Medical Society
President, Avery Wood, 335 Main Street, Watsonville.
Secretary, Samuel B. Randall, 84 Walnut Avenue, Santa Cruz.
Meeting, *First Tuesday of each month (except June, July and August), 7:30 p. m., Club Rio del Mar, Aptos.*

Shasta County Medical Society
President, Earnest Dozier, Redding.
Secretary, Bertram L. Trelstad, 1536 Market Street, Redding.
Meeting, *Second Monday.*

Siskiyou County Medical Society
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Meeting, *Sunday on call.*

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Secretary, F. Burton Jones, 416 Georgia Street, Vallejo.
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Secretary, J. F. Thurlow, 576 B Street, Santa Rosa.
Meeting, *Second Thursday.*

Stanislaus County Medical Society
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Secretary, A. E. Ghilotti, 1024 J Street, Modesto.
Meeting, *Second Friday, 7:30 p. m., Hotel Hughson.*

Tehama County Medical Society
President, R. G. Frey, Red Bluff.
Secretary, F. J. Bailey, Red Bluff.
Meeting, *At Call of President.*

Tulare County Medical Society
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Secretary, Forrest G. Powell, 222 W. Willow Street, Visalia.
Meeting, *Sunday Evening once a month.*

Ventura County Medical Society
President, James W. Moore, 23 S. California Street, Ventura.
Secretary, Robert K. Harker, 132 Fourth Street, Oxnard.
Meeting, *Second Tuesday, Ventura County Country Club.*

Yolo County Medical Society
President, Edwin K. Copeland, 405 First Street, Woodland.
Secretary, Wilfred T. Robbins, 719 Second Street, Davis.
Meeting, *First Wednesday.*

Yuba-Sutter-Colusa County Medical Society
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Secretary, Leon M. Swift, I. O. O. F. Building, Marysville.
Meeting, *Second Wednesday.*

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(Continued from Page 3)

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Haygarth's Nodosities.—Haygarth's nodosities were described by John Haygarth (1740-1827), F.R.S. and F.R.S. (Edinburgh), in his book, *A Clinical History of Diseases* (Vol. II, p. 155; London, 1805). The section containing the following excerpt is called "A Clinical History of the Nodosity of the Joints."

"In this disease the ends of the bones, the periosteum, capsules or ligaments, which form the joint, gradually increase. These nodes are not separate tumors, but feel as if they were an enlargement of the bones themselves. . . .

"The Nodes appear most nearly to resemble Gout. Both of them are attended with pain and swelling of the joints: but they differ essentially in many distinguishable circumstances. . . ."—R. W. B., in *The New England Journal of Medicine*.

The proper treatment of living cases of tuberculosis is, fortunately, also the humane, the scientific, and the effective method for its prevention. The proper care of the sick secures the protection of the well.—Homer Folks, Sixth International Tuberculosis Congress, September, 1908.

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1. Knight, F., and Shelanski, H. A., "Treatment of Acute Anterior Urethritis with Silver Picrate," Am. J. Syph., Gon. & Ven. Dis., 23, 201 (March), 1939.

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The Supply and Demand for Interns.—"At present, probably more than ever previously, a need for clear thinking on the subject of the supply of interns in relation to the demand by hospitals for their services is desirable." *The Journal of the American Medical Association* says in an editorial.

"Some hospitals have been unable to secure any interns and others have not not secured their usual number. The demand exceeds the supply. The size of senior classes in approved medical schools has remained almost constant since 1934, while the number of appointments available each year in approved hospitals has steadily increased. Although statistics are not yet available, the number of graduates of European schools seeking internships in this country has diminished greatly within the past year. While the number of interns recruited from this source has never been large, the recent decrease has served to accentuate the disproportion between supply and demand.

"The approved medical schools with their present facilities cannot increase the size of their classes without sacrificing accepted educational standards. Furthermore, the function of medical schools is to educate physicians to supply the medical needs of the country, not merely to develop young physicians to meet the demand of hospitals for low cost house staff personnel. Until approved medical schools are able to train more students (assuming that more applicants could qualify for admission) the supply of prospective interns will not increase.

"Even the present flow of graduates from approved schools into internships may be reduced by the Selective Service Act. The crucial needs of the preparation for national defense, especially the necessity of expanding the Army and the Navy Medical Corps, will no doubt reduce still further the number of graduates available for hospital service beyond the first year of intern training. This will

affect hospitals which have internships more than one year in length as well as those which have extended training services in the form of residencies.

"No doubt graduates will continue to prefer appointments in hospitals that provide the best training for internships and residencies. These are the hospitals in which attending staffs are not only unusual in ability, but, even more important, most willing to give their time to the instruction of the house staff. There will probably also be a continued preference for hospitals with large charity wards, especially those with long established educational services.

With these considerations clearly before them, the boards of hospitals which have experienced difficulty in attracting the usual number of interns and residents may examine their problem and prepare to make the necessary adjustments. Physicians in many localities have taken for granted the provision, by the administration of hospitals, of medically trained personnel capable of relieving the physicians of certain time-consuming procedures necessary to the care of patients. The attending physicians should realize two principles of basic importance in this connection: First, interns and residents are employed on an apprenticeship basis whereby the compensation for their services is mainly the instruction they receive from the attending staff. Second, the duties performed by house staff personnel are properly the responsibility of the individual attending physicians, not that of the hospital administration. In the absence of sufficient house staff assistance, the attending men may well find it necessary to perform these tasks for some or even all of their patients."

Enlargement of the spleen may be an important early sign in miliary tuberculosis.—M. Leonard Gottlieb, M. D., *Medical Record*, August, 1940.

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Alphabetical List of ADVERTISERS

	PAGE
Acousticon Institute	44
Alexander Sanatorium	46
Alum Rock Sanatorium	9
American Can Company	31
Associated Credit Bureaus of America, Inc.	25
Barry Company, The James H.	49
Baxter, Inc., Don	11
Bolin, M. D., Zera E., Pathological Service	23
Borden Company, The	Third Cover
Broemmel's Pharmaceuticals	3
Butler Building	5
California Sanatorium	34
Calso Water Company	40
Camp and Co., S. H.	22
Ciba Pharmaceutical Products, Inc.	48
Classified Advertisements	12
Colfax School for the Tuberculous	50
Compton Sanitarium and Las Campanas Hos- pital	44
Cook County Graduate School of Medicine	9
Corn Products Sales Company	43
Crocker First National Bank	40
Cutter Laboratories	Fourth Cover
Doctors' Business Bureau	Second Cover
French Hospital	16
General Electric X-Ray Corporation	37
Greens' Eye Hospital	Second Cover
Hotel Sir Francis Drake	8
Hynson, Westcott & Dunning, Inc.	20
Ingram Laboratories	50
Jenkel-Davidson Optical Co.	15
Kling Ambulance Co.	38
La Loma Feliz	12
Las Encinas Sanitarium	44
Lederle Laboratories, Inc.	39
Lederle Laboratories, Inc., for Cerevim	45
Libby, McNeill & Libby	23
Lilly & Co., Eli	32
Lincoln & Ulmer, Inc.	36
Livermore Sanitarium	14
Los Angeles Tumor Institute	15
Luzier's, Inc.	38
M. & R. Dietetic Laboratories, Inc.	17
Massachusetts Indemnity Insurance Co.	26
Mead Johnson and Company	35
Medical Protective Company, The	20
Morning Milk Company	1
New York Polyclinic Medical School and Hos- pital	9
Noble Placement Agency	12
Officers of the California Medical Associa- tion	2, 4, 6
Officers of Miscellaneous Medical Associations ..	6
Owl Drug Company, The	26
Park Sanitarium	30
Parke, Davis & Company	19
Petrolagar Laboratories, Inc.	29
Phillip Morris & Co., Ltd., Inc.	13
Physicians' Casualty Association and Physi- cians' Health Association	10
Physicians Formula Cosmetics	46
Pottenger Sanatorium	34
Richardson Mineral Springs	42
Riggs Optical Company	3
Saint Francis Hospital	30
Sharp & Dohme	41
St. Luke's Hospital	48
St. Mary's Hospital	5
Sandoz Chemical Works, Inc.	28
Sanitube Company, The	42
S. M. A. Corporation	33
Squibb & Sons, E. R.	21
Stacey, J. W., Inc.	15
Stuart Oxygen Company	18
Summit Medical Building	15
Twin Pines	46
Upjohn Company, The	27
Vitamin Food Company, Inc.	24
Winthrop Chemical Co., Inc.	47
Wyeth & Brother, Inc., John	7
Yates Reporting Service	12
Yosemite National Park	10

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Explains How Family Physician Can Assist United States Army Air Corps.—The family physician can in large measure assist in the United States Army Air Corps preparedness program by a proper approach and attention to the physical problems of applicant flying cadets before the young men have gone to the time and expense of appearing before Army flight surgeons for examination, Dr. M. Martyn Kafka, Flight Surgeon, United States Army, Scott Field, Illinois, advises in the Medical Preparedness Section of *The Journal of the American Medical Association*.

"Many of the applicants travel hundreds of miles to Army flight surgeons for the required special physical examination," Doctor Kafka says. "Important problems arise in the course of a pilot's career. High altitude flying, sudden changes in altitude and temperature all require perfectly healthy young men."

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"The family physician must realize that when pilots and their crews are flying in extremely high altitudes their safety depends on the maintenance of normal respiratory [breathing], cardiovascular [heart and blood vessel] and mental processes. Therefore any physical defect which the applicant has may be the cause of his rejection by the flying cadet board.

"The family physician can aid the flight surgeon and the flying cadet board by properly preparing the applicant prior to his contemplated trip to take the special physical examination. The family practitioner may overlook the minor defects of a seemingly healthy youth who asks to be examined. Naturally, the apparently healthy candidate feels that he is qualified for any type of physical examination, and should he fail he may become discouraged; besides, it has cost him time and money to travel to the examining board, and when a flying cadet candidate is disqualified because of some minor defect the progress of the preparedness program is hampered to some extent.

"The family doctor, then, should bear in mind some of the deficiencies which are common disqualifying factors. A general survey is here offered which attempts to outline some of the physical requirements essential to the acceptance of a flying cadet candidate. These applicant cadets are only too often rejected because of minor conditions which originally could have been corrected before they left home."

The minimum vision is 20/20 for a Class A pilot. Such eye conditions as astigmatism, failure of pupils to react to light and unaccommodation or unequal pupils, finding of total color-blindness to the yarn test for a single color such as red, green or blue, or the presence of night blindness, will be sufficient cause to reject the candidate.

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(Continued on Next Page)

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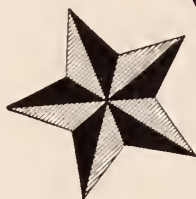
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(Continued from Preceding Page)

rected before the candidate appears for his examination. such conditions as sinus infections, chronic infection of the tonsils or any infection of the mouth, gums or teeth should be treated and cured.

"No applicant should be allowed to appear before the Flying Cadet Examining Board with a cold, nor should one be permitted to travel a long distance for a physical examination immediately after convalescing from a short or long illness," the doctor says.

"I would suggest that, when doubt exists in the family doctor's mind on problems about the eye, ear, nose, and throat, a local specialist be consulted and that, if minor defects are found, correction be encouraged. Missing teeth should be replaced. The applicant's hearing should be at least 20/20 tested by the whispered voice. Any benign tumors of the neck, such as cysts or lipomas [a fatty tumor], should be surgically removed. Irritations of the neck and infections of the skin should be cured. Acne vulgaris should be improved."

Doctor Kafka says that any deformities of the chest as well as shortening of the limbs are disqualifying.

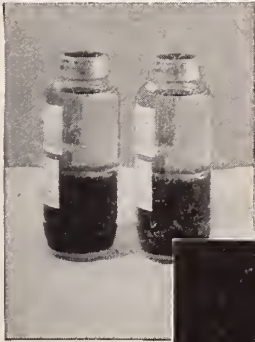
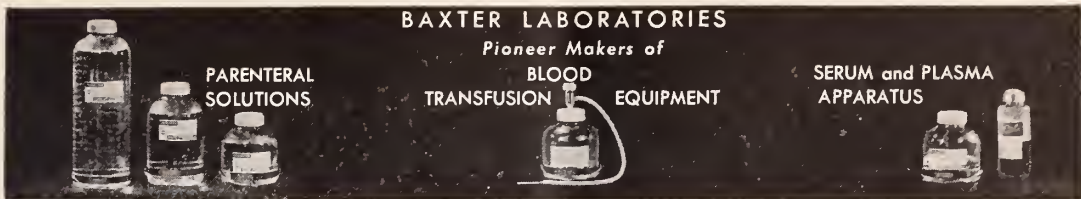
"Organic lesions of the heart or any pulmonary diseases of either early or late stages are disqualifying," he continues. "A pulse rate of 90 beats per minute may be considered normal if the applicant is excitable.

"Blood pressure should be checked to see if it is within normal.

"Ringworm on any region of the body as well as any other diffuse cutaneous [skin] disease should be cured. Applicants with deformities of the feet are rejectable except for various degrees of flatfoot.

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(Continued on Page 12)



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(Continued from Page 10)

guide for weight calculation is for every applicant who measures 5 feet to allow 104 pounds, for every inch thereafter to add an additional 5 pounds. If for example a candidate aged 22 weighs 170 pounds and is 5 feet 6 inches tall, he would be accepted by the Air Corps if he were of an average of 134 pounds, with a minimum weight of 124 pounds and a maximum of 151 pounds. This is calculated by deducting 10 pounds from average ideal weight or adding from 22 to 30 pounds to the ideal average for the maximum weight. Thus any applicant who is overweight or underweight could be treated for correction. The minimum height is 5 feet 4 inches and the maximum height accepted is 6 feet 4 inches. The maximum weight accepted is 200 pounds.

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Although there is no dependable routine x-ray method for determining the sex of the unborn child, under certain peculiar circumstances it is sometimes possible after about the seventh month of pregnancy, *Hygeia, The Health Magazine* states, in answer to an inquiry.

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*Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154
Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60

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BOOK REVIEWS

The 1940 Year Book of Industrial and Orthopedic Surgery.
 Edited by Charles F. Painter, M.D., Orthopedic Surgeon to the Massachusetts Women's Hospital and Beth Israel Hospital, Boston. Cloth. Pp. 484. Chicago: The Year Book Publishers, Incorporated, 304 South Dearborn Street. 1941.

For the busy doctor who finds there is too much to read and too little time to do it in, this book will be very welcome. It is a review of recent orthopedic literature and is done in a very concise and to the point manner. In a very few minutes' reading, on almost any orthopedic subject, the reader gets the salient features of the problem and a knowledge of any recent development in the treatment and management of the condition.

The book gives a considerable number of operative procedures with many good diagrams. It also contains a great many x-ray plate reproductions and pictures of clinical material which, of course, help to give the book its practical value.

There are comprehensive chapters on all the important orthopedic subjects. Osteomyelitis is thoroughly reviewed with x-ray studies, case histories, and means of treatment by sulfanilamide. Arthroplasty and traumatic surgery are both well covered. Consideration is given to burns, skin-grafting, scar removal, repair and transplantation of tendons. There is an excellent discussion of common foot disorders and what to do about them, and of deformity of childhood and its prevention. Also there will be found very informative reading in the chapters on fractures, their emergency treatment, use of sulfanilamide in compound fractures, fracture-table technique, misuse of skeletal traction, and methods of improving cast technique.

In conclusion, it can be said that this work makes a good orthopedic handbook for quick reference and for review of recent orthopedic literature.

M. G. H.

Otosclerosis. By Louis K. Guggenheim, M.D., F.A.C.S., Assistant Professor of Clinical Oto-Laryngology, Washington University School of Medicine; Fellow of the American Otological Society, the American Laryngological, Rhinological and Otolaryngological Society, the American Academy of Ophthalmology and Otolaryngology, and the American College of Surgeons. Cloth. Pp. 212. St. Louis: Louis K. Guggenheim, 1940.

In reading this book the reviewer is constantly impressed by the thorough and scholarly approach to this most difficult problem. If the book is worth nothing else, its chapters on the phylogeny and ontogeny of the ear are classics and should be carefully digested by all interested in this problem.

The argument in substantiation of the theory of regression is frequently confusing and occasionally cloudy; but the author's sincerity is unquestionable.

The otosclerosis question, to date, is ably summed up in the author's last paragraph of his preface:

"Otosclerosis is not a disease in the ordinary sense; it is not just a familial affliction which could result from either extra- or intra-uterine environmental factors, but is an hereditary affliction, a gene-produced condition, and it is quite obviously related to the morphology of the recently acquired structures, oval window, round window, and cochlea."

An Introduction to Dermatology. By Richard L. Sutton, M.D., Sc.D., LL.D., F.R.S. (Edin.) Emeritus Professor of Dermatology, University of Kansas School of Medicine, and Richard L. Sutton, Jr., A.M., M.D., L.R.C.P. (Edin.) Assistant Professor of Dermatology, University of Kansas School of Medicine. With 723 illustrations. Fourth edition. Cloth. Pp. 904. Price, \$9. St. Louis: The C. V. Mosby Company. 1941.

The authors present this volume as the fourth edition of their "Introduction to Dermatology." It is most welcome, too, because it includes many of the newer developments that are being made in dermatology. This is especially true regarding the use of the sulfonamide derivatives and the vitamins.

As in their classic "Diseases of the Skin" and the previous editions of the "Introduction," the chapter on diagnosis presents this phase of the subject in such a manner

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as to assure its being most easily available to the student and practitioner.

This volume contains 723 well chosen and remarkably clear illustrations.

The authors' theories regarding the value of low fat and low carotinoid diets in acne vulgaris are emphasized.

The bibliography is removed from the text and grouped under the respective subjects in a separate section. This facilitates reading. The bibliography is particularly useful, for almost all of the references chosen are those in the English language.

The authors have not hesitated to call upon the leading dermatologists of the world for their opinions and their illustrations on diseases for which their knowledge is known to be outstanding.

I feel that this volume will find great use by the student and the reviewer of dermatology, for while the material presented is adequate, it is not encyclopedic to the point of being burdensome. J. H. C., Jr.

The 1940 Year Book of Pathology and Immunology. Pathology edited by Howard T. Karsner, M. D., Professor of Pathology, Director of the Institute of Pathology, Western Reserve University, Cleveland; Immunology edited by Sanford B. Hooker, A. M., M. D., Professor of Immunology, Boston University School of Medicine; member, Evans Memorial for Clinical Research and Preventive Medicine; Immunologist, Massachusetts Memorial Hospitals. Cloth. Pp. 688. 304 South Dearborn Street, Chicago: The Year Book Publishers, Incorporated.

As the title of this book indicates, it is a résumé of new and classical facts in both pathology and immunology. It is a compact volume, containing an abundance of material which will be found especially useful by men in general practice who desire to obtain reliable information on facts in the subjects covered in as concise a form as possible.

The text is well illustrated by carefully selected case reports which are entirely relevant to the subject matter under discussion. Much of the material is on controversial subjects. Both sides are well presented in an exceedingly fair-minded manner, and includes many useful references to comparative pathology. A tremendous amount of information on a variety of subjects is crowded into this small volume and it is well worth a place in the library of every practicing physician.

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TWENTY-FIVE YEARS AGO

(Continued from Text Page 298)

by two suits which have been filed quite recently against members of the Society in San Francisco. In one case the physician who originally treated the patient kept very careful records and insisted that the hospital keep careful records of everything that happened. Subsequently when this patient, becoming dissatisfied, went to another hospital and came under the charge of other physicians, they too kept careful records of everything. This suit, should it ever come to trial, will not be a difficult one to defend, for the reason that the record was complete, and it can be easily shown that the physician member sued did everything consistent with due care, skill and judgment. In the second case, the condition of things is entirely otherwise. Not only did this physician keep no records, but there is no record in the hospital of his connection with the case. He is a man of rather poorer memory than the average, and it is going to be exceedingly difficult to present to a jury, should it come to that point, satisfactory reasons and explanations for a number of things in connection with the treatment. Nothing is so simple as to be unimportant; a cut finger may eventually mean a lost arm or a dead body, and it may be necessary for the physician who treated the cut finger to explain. You may think it too much trouble to keep careful records of your work from day to day, but you will sadly and regretfully wish that you had them in the event that a suit is filed against you and you find yourself without records.

New and Nonofficial Remedies.—This publication of the American Medical Association through its Council on Pharmacy and Chemistry, has just been issued for the year 1916. It is one of the most valuable books now being published in the United States, and it is a pleasure to reprint portions of the letter received advising of the publication of the book. The price is \$1 postpaid, and it can be had of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois. A copy of it should be in the office of every live, up-to-date practicing physician. . .

Waiver of Privilege.—A great many doctors seem to be delightfully vague and misinformed on the subject of professional privilege, so-called. This falls into what is known in the law as a confidential communication, or privileged communication, and is classified under the list of subjects which may not be introduced in court or in any judicial proceeding, save and except that the person entitled to the secrecy and the person who would be injured by its violation waives this privilege. In other words, the privilege is not with the physician; it is with the patient. The physician is placed in the position of a trustee of the confidence of the patient, and one of the most serious violations of an obligation known to the law is that of the violation of the duty of a trustee. To what extent this privilege may be waived under varying circumstances is a matter determined differently in the different states. It is held, however, as a rule of law in all states, that the patient may expressly waive the privilege. Constructive waiver, however, is an-

(Continued on Page 18)



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(Continued from Page 16)

other matter, and some states look upon constructive waiver of privilege very unfavorably. . . .

• • •

Postmortem Examinations.—What little statute law there is in this State referring to postmortem examinations is to be found in the Penal Code under the classification of dead bodies. The rights and duties of various parties in connection with dead bodies have been a subject of some little controversy in the law. The subject is somewhat vague, but a few things are pretty definitely settled. In the first place, there is no property right in a dead body. In the second place, however, the nearest relative (as the widow or widower) is entitled to the unmutated remains, to be delivered to him or her for the purpose of securing proper lawful disposition thereof. . . .

From an Original Article on "Adequate Institutional Care of the Tubercular," by Philip H. Pierson, M. D., San Francisco.—Our great object in this campaign against tuberculosis is twofold: (1) to take care of the cases which are tubercular, and (2) to prevent others from becoming infected. While these two objects may at first thought seem to be sufficient unto themselves, they are in reality one and the same thing. For if we properly and adequately take care of our tuberculous of today, prevention for tomorrow will have received its greatest help.

Tuberculosis is certainly a disease which needs institutional care for a part of its course, if taken early, and for a longer period if the disease is allowed to become a deep-rooted infection. Adequate institutional care, then, means

enough sanatorium beds to provide for the cure or arrest of the incipient and favorable cases, and comfortable hospital beds for the advanced and rapidly progressing cases. . . .

From an Original Article on "Fresh Syphilis and the Newer Remedies," by Ernest Dwight Chipman, M. D., San Francisco.—The best evidence of the efficacy of the newer remedies in the treatment of syphilis is the increasing number of reinfections reported. The old idea was that one attack of syphilis furnished immunity. We know now that reinfections seldom occurred before the advent of salvarsan because, until that time, syphilis was seldom cured. Treated or untreated syphilis tends to become sequestered and, for variable periods, quiescent.

The keynote to successful treatment is the early administration of salvarsan or neosalvarsan. The prognosis of syphilis intensively treated may be practically reduced to the formula—the earlier the treatment, the more effective. . . .

From an Original Article on "Remarks on the Modern Treatment of Syphilis," by Harry E. Alderson, M. D., San Francisco.—In the treatment of early syphilis we have found the intensive use of salvarsan and mercury the most effective method up to the present time. As an illustration of what can be accomplished by this plan of treatment the case report to follow will answer very well.

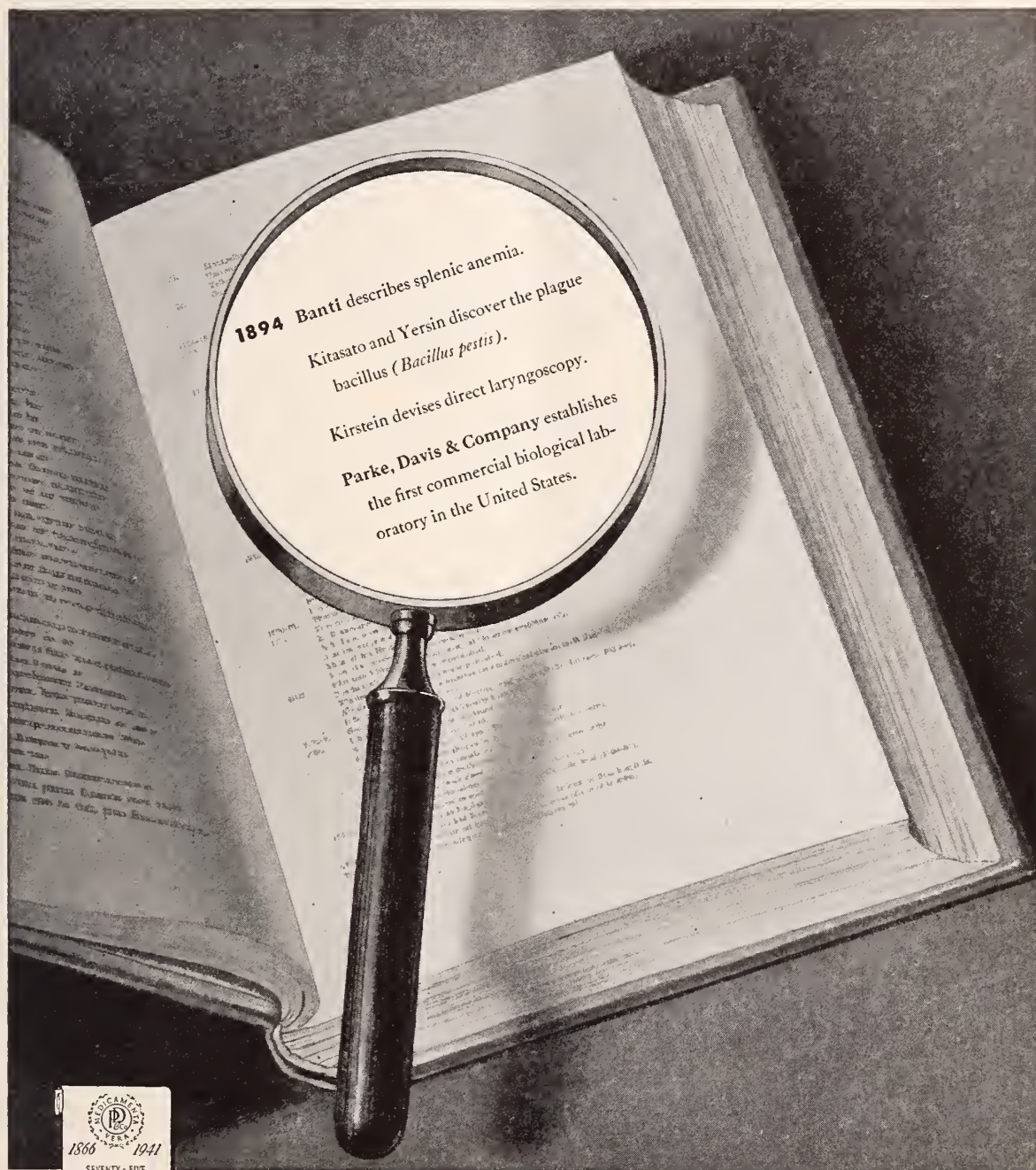
Of the various arsenical preparations developed the past few years, I have found the old salvarsan (606) to be the most useful. I used neo-salvarsan for a while, but soon learned that it was not as potent as salvarsan. We always give the salvarsan intravenously (the dose dissolved in 50

(Continued on Page 20)

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TWENTY-FIVE YEARS AGO

(Continued from Page 18)

cubic centimeters freshly distilled water, preceded and followed by 50 cubic centimeters of salt solution). Five or six or more of such injections are given at intervals of ten days (the dosage varying according to conditions). . . .

From an Original Article on "The Treatment of Syphilis in the Primary Stage," by Douglass W. Montgomery, M. D., San Francisco.—For purposes of description it has long been customary to divide the course of syphilis into stages: the primary, secondary and tertiary. In nature, of course, there is no sharp division, the virus is inoculated and immediately begins to grow, and within three weeks causes disturbance enough to give rise to a button-like induration called a chancre. . . .

The two great spirocheticides, mercury and salvarsan, should be used in conjunction, not separately, nor either one exclusively. . . .

From an Original Article on "The Present Status of Salvarsan Treatment," by Howard Morrow, M. D., San Francisco.—Time has demonstrated that salvarsan and neo-salvarsan are of great value in the treatment of syphilis. Time has also shown that several courses of mercurial medication should always be given in conjunction with the new remedies, and also that the arsenical preparations should be exhibited much oftener than was the custom of a few years ago. Salvarsan is indicated in all cases of active syphilis, and the dose must vary according to the weight of the patient, and to the presence or absence of contra-indications. It is particularly indicated in early syphilis, in palmer and plantar syphilis, in malignant

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syphilis and in ulcerative syphilis, especially when the ulcerations are on the mucous membranes. In early syphilis the dose should be large, and repeated every seventh day for a period of several weeks. In malignant syphilis it may be necessary to give a dozen or more injections before the condition is under control. Syphilis of the palms and soles, and certain types of luetic manifestations on the mucous membranes clear as rapidly after one injection of salvarsan as is noted after several months of straight mercurial treatment.

From an Original Article on "Oral Hygiene from an Educational and Economic Viewpoint," by Guy S. Millberry, D. D. S., San Francisco.—Among thinking men today, dentistry is viewed as a specialty in the broad field of medicine, even though the dentist does not usually receive his training in a medical school. The reason for that, I believe, is directly due to the refusal on the part of the Faculty of Medicine in the University of Maryland in 1839 to introduce the teaching of dentistry into their school, and the subsequent organization of the Baltimore College of Dental Surgery.

It is not such a far cry to look back seventy-five years to the organization of the first dental college in the world, but in that brief space of time American dentistry has achieved a distinction which has added laurels to that group of commonwealths we are proud to call our country. . . .

From an Original Article on "Pre- and Postoperative Care," by Olga McNeile, M. D., Los Angeles.—During the past few years we have all noticed many sporadic attempts to standardize the care of the surgical patient, both before and after operation. The attempts have nearly always

(Continued on Page 23)

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TWENTY-FIVE YEARS AGO

(Continued from Page 20)

failed to elicit any enthusiasm, either because the collaborator had tried to introduce some theoretical methods, or because surgeons as a class lay more emphasis upon operative technique than upon details of pre- and post-operative care. This lack of detail is probably the cause of many poor surgical results. . . .

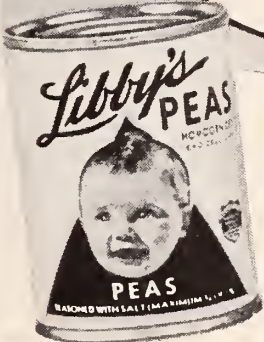
*From an Original Article on "National Quarantine and Its Function," by Alfred C. Reed, M. D., San Francisco.—*Words like men grow old and increase, diminish or change in their signification. Some are born for the life of an hour and a colloquial local usage; others rise naturally in due process of human need for them and fill out a sober, literal and useful existence to perish by inanition as the times change and leave them stranded on the sands of the past. Again certain words spring full-voiced into being when some slowly developing idea of the human mind suddenly becomes articulate and demands speech in which to make itself known. So did quarantine receive its name and in the five hundred years since its birth, it has grown and developed into a great and vital principle of modern society, and has in great measure cast aside the swaddling clothes of its original meaning. . . .

*From an Original Article on "Why Corrective Lenses Often Fail to Give Relief in Headaches Due to Eye-Strain," by Roderic O'Connor, M. D., Oakland.—*By "corrective lenses" is meant an accurate correction properly adjusted in order to exclude troubles due to improper lenses poorly

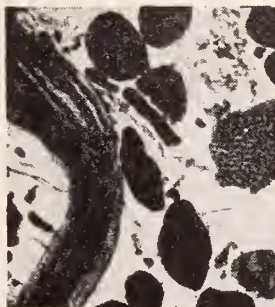
(Continued on Next Page)

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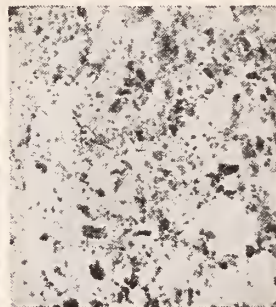


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TWENTY-FIVE YEARS AGO

(Continued from Preceding Page)

adjusted. By "eye-strain" is meant that due to the eye primarily and not that occurring as part of a general asthenia or as a symptom of some general disease. Conditions of actual ocular disease are also excluded.

It is the common belief among the laity that, if headaches or other symptoms of eye-strain are not relieved by glasses, nothing further can be done. In view of the fact that this belief is not uncommon among medical men, it is probably worth while to make clear the reasons for the frequent failure of lenses to do good and for the not unusual occurrence of their actually increasing the symptoms. . . .

From an Original Article on "Plasmodium Malariae (Quartan)—a Type New to California," by J. C. Geiger, M. D., Assistant Director, and F. L. Kelly, M. D., Bacteriologist, of the Bureau of Communicable Diseases of the California State Board of Health, Berkeley.—While carrying out a plan for investigation of malarial conditions in the Sacramento Valley, submitted to and accepted by the California State Board of Health, our attention was called by Dr. B. F. Saylor of Redding to a case of malarial fever in a patient of his. . . .

. . . The clinical symptoms of the cases, with the endogenous cycle of the development of the plasmodia being 72 hours, demonstrated them to be quartan malaria. This was proven so on bacteriological examination. Quartan malaria has heretofore not been reported in California.

From an Item: The First Meeting of the Pacific Division of the American Association for the Advancement of Science.—During the past year a general association of

scientific interests on the Pacific Coast, supported by affiliations with a number of Pacific Coast scientific societies, has been effected under the auspices of the Pacific Division of the American Association for the Advancement of Science.

The first meeting of this Division has been appointed for San Diego between the dates, August 9 and 12, 1916. This will be an event of especial significance to western scientists because it will be the first of a series of similar meetings which it is planned to hold annually in the various educational centers of the Coast, and because it occurs in a region which presents many interesting features of geology, archaeology, botany and zoölogy. . . .

From an Item: A Plea for Certain Medical Officers of the U. S. Army.—The Act of Congress, approved April 23, 1908, provides for a Medical Reserve Corps of the United States Army, and for the purpose of securing a reserve corps of medical officers available for military service, the President of the United States is authorized to issue commissions as first lieutenants therein to such graduates of reputable schools of medicine, citizens of the United States, as shall from time to time, upon examination to be prescribed by the Secretary of War, be found physically, mentally, and morally qualified to hold such commissions, the persons so commissioned to constitute and be known as the Medical Reserve Corps.

The commissions so given bear certain exceptions to the holders thereof, as compared to the rights and privileges conferred upon first lieutenants of the Medical Corps, and first lieutenants of the other branches of the service, namely:

1. No promotion.
2. To rank next below all other first lieutenants in the U. S. Army.

(Continued on Page 26)

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Oceanside.....Merchants Credit Association
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Oroville.....Oroville Credit Bureau
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Los Angeles

TWENTY-FIVE YEARS AGO

(Continued on Page 24)

3. The President is authorized to honorably discharge from the Medical Reserve Corps any officer thereof whose services are no longer required.

4. Not entitled to retirement or retirement pay. . .

From the Minutes of the April Meeting of the State Board of Health.—The regular monthly meeting of the State Board of Health was held April 1, in Sacramento. There were present Dr. George E. Ebright, president; Dr. F. F. Gundrum, vice-president; Dr. Edward F. Glaser, Dr. Robert A. Peers, Dr. Adelaide Brown and Dr. Wilbur A. Sawyer, secretary.

The State Board of Health decided to continue to furnish lectures on public health and preventive medicine which had been requested by the University of California Medical School. . .

BOARD OF MEDICAL EXAMINERS

(Continued from Text Page 298)

Ada Lingo Hatcher, Los Angeles, University of Texas Faculty of Medicine.

Elias Gutierrez Hermosillo, San Francisco, The National University of Mexico.

Victor Adam Herrmann, Los Angeles, University of Nebraska College of Medicine.

Herbert John Hidley, Los Angeles, University of Tennessee College of Medicine.

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James Carl Johnson, Morton, Washington, Creighton University School of Medicine, Nebraska.

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John Allen Keys, Los Angeles, University of Illinois College of Medicine.

Robert Jacob Kositchek, Monterey, University of Michigan Medical School.

Floyd Earl Lees, San Francisco, University of Oregon Medical School.

Kenneth Edwin Livingston, San Francisco, Harvard University Medical School, Massachusetts.

Milton Cutts Lockwood, Portland, Oregon, University of Oregon Medical School.

Cecil James Lord, Los Angeles, Queen's University of Belfast, Ireland.

Frederick Dilling Lord, Hollywood, Queen's University of Belfast, Ireland.

Bernard James McCormick, Santa Barbara, St. Louis University School of Medicine, Missouri.

Ernest Nelson Moore, Hollister, McGill University Faculty of Medicine, Canada.

Alan Fraser Morrison, San Francisco, McGill University Faculty of Medicine, Canada.

Jack Nichols, Los Angeles, Medical College of Virginia.

Wolf Nussbaum, Los Angeles, University of Vienna Faculty of Medicine, Austria.

Millard Parker Olney, Los Angeles, University of Southern California School of Medicine.

Sali Oppenheimer, Portland, Oregon, University of Heidelberg, Germany.

Lars Andreas Pedersen, Berkeley, Georgetown University School of Medicine, Washington, D. C.

Arthur Morton Pettler, Los Angeles, University of California Medical School.

Harry Theron Pittman, Los Angeles, College of Medical Evangelists.

John Va. Pollack, San Diego, Stanford University School of Medicine.

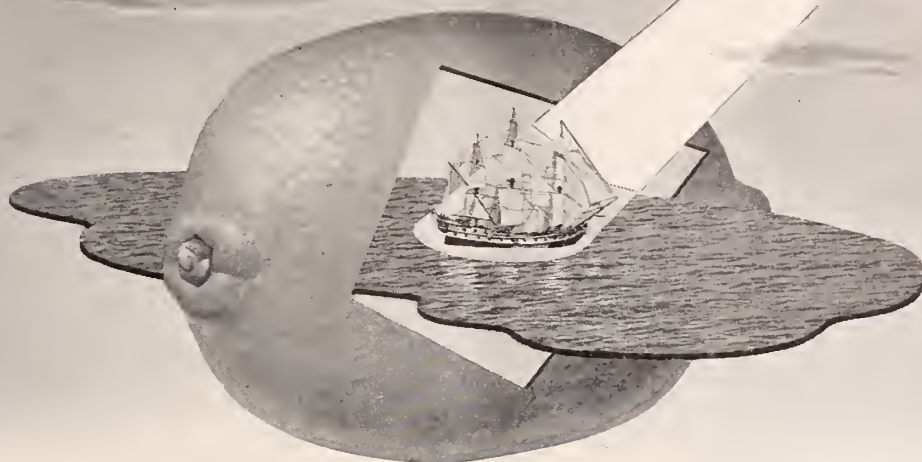
Samuel Richter, Texarkana, Arkansas, Indiana University School of Medicine.

William Lawrence Ross, Los Angeles, Creighton University School of Medicine, Nebraska.

(Continued on Page 28)

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The Victory Over Scurvy



SCURVY first attracted attention when men began to make long sea voyages. The 16th century explorer, Jacques Cartier, described it and told how it was cured by having his men drink an infusion of the leaves and bark of the Ameda tree. Nevertheless it remained a serious problem in the British Navy until the middle of the 18th century when James Lind wrote his *Treatise on Scurvy*. Through Lind's observations and influence it was virtually eliminated as a plague among British sailors by providing them with lemons or other citrus fruit.

A forward step was made in 1907 by Holst and Frölich who found that the guinea pig could be used experimentally for the study of scurvy. It was not until 1932, however, that the isolation of hexuronic (ascorbic) acid was announced

almost simultaneously by Waugh and King in the United States and by Svirbely and Szent-Györgyi in Hungary. First obtained from the adrenal cortex of animals and from cabbage leaves, it has since been found widely in plant and animal tissues.

The story of the conquest of scurvy presents a dramatic page in medical history, yet it may be but a prelude to a still more fascinating and significant drama. The isolation of ascorbic acid opens the door a little further for investigators studying the physiology and metabolism of the living cell.

Ascorbic Acid (Upjohn) is available from prescription pharmacists in the following dosages: scored compressed tablets of 15, 25, 50, and 100 mg., in bottles of 40, 100, 500, and 1000.



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CEDILANID is pure crystalline Lanatoside C, one of the three initial glycosides present in Digilanid complex and occurs exclusively in *Digitalis lanata*. The following references are of interest.

Fahr and LaDue—"A Preliminary Investigation of the Therapeutic Value of Lanatoside C" (Am. Heart J., Feb. 1941).

"When given intravenously, lanatoside C's (Cedilanid) rapidity of action may be compared to that of strophanthin . . . Lanatoside C when administered intravenously to patients with auricular fibrillation, reduces the heart rate to normal within a period of two minutes to two hours."

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A. G. Friend—"Treatment of Congestive Heart Failure" (Northwest Med., Feb. 1941),

"More recently, Cedilanid, the C fraction alone, is providing all the desired effects with few of the distressing symptoms which we so commonly see with digitalis therapy."

A. K. Hrenoff—"The Use of Chemically Pure Digitalis Glycosides, With Special Reference to Lanatoside C" (West. J. Surg. Obs. & Gyn., Dec. 1940).

"The rapid action, quick elimination, and excellent tolerance of the drug (Cedilanid) found by other observers, is confirmed in a series of 32 carefully controlled patients. . . ."

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BOARD OF MEDICAL EXAMINERS

(Continued from Page 26)

Emile Gabriel Schuster, Oakland, McGill University Faculty of Medicine, Canada.

Richard Othello Sellers, Los Angeles, Temple University School of Medicine, Pennsylvania.

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James Solomon, Los Angeles, University of Illinois College of Medicine.

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John Douglas Ramsey Walters, Los Angeles, University of Southern California School of Medicine.

Ethel Marguerite Waters, Los Angeles, Creighton University School of Medicine, Nebraska.

John Ovenstone Westwater, Los Angeles, University of Edinburgh Faculty of Medicine, Scotland.

Charles Henry Widenmann, San Francisco, McGill University Faculty of Medicine, Canada.

"The hands of several persons long dead are about to be finger-printed as the result of the arrest of C. A. DeVere, forty-nine, here, on charges of posing as a doctor, brought by an investigator from the State Board of Medical Examiners. The hands were among several preserved parts of human bodies in DeVere's possession when he was arrested on March 17. DeVere declared he used them in anatomy lectures, but would not reveal where he obtained them. District Attorney Lowell Sparks this week sent the hands to the state department of criminal identification in Sacramento to be fingerprinted, in the hope they could be traced to their original owners. DeVere said he obtained the hands from a 'medical institution,' but that 'ethics' prevent him from revealing the institution's identity." (Colfax Record, April 4, 1941.)

"Charles Stone, chief of the State Bureau of Identification, today announced C. A. DeVere, under arrest in Auburn, Placer County, on a charge of impersonating a medical doctor, has admitted the source of his collection of preserved sections of human bodies. DeVere was arrested in Colfax. . . . In DeVere's possession the police found the equivalent of a traveling morgue, a sixteen-cylinder automobile stocked with preserved sections of the human body, ranging from thirty human skulls to eight jars of eyes. These DeVere told the police, he used in his lectures. . . . After checking on DeVere's background, Stone said the arrested man was found to be Charles Augustus Devermann, whose home was in New Jersey, although he had been in California for more than five years. Stone said New Jersey police checked with DeVere's mother, who said to her knowledge her son was not a doctor and had not gone beyond the ninth grade in school, although he did attend night school for a time. . . . State Investigator Roger Green said DeVere enlisted the aid of a group of doctors in each city he visited to arrange for his courses. He charged \$20 a person for the supposed-to-be 'refresher courses' for doctors a long time out of medical school. . . . Records found on DeVere's person show he has lectured in San Francisco and Oakland, and he was recommended by five Sacramento doctors prior to his lecture here. Yesterday DeVere admitted he is not a doctor of medicine, although numerous communications were found in his possession with the letters 'M. D.' after his name. The complaint against DeVere was sworn to by the State Medical Board." (Sacramento Bee, April 3, 1941.) (Previous entry, "News Items," April, 1941.)

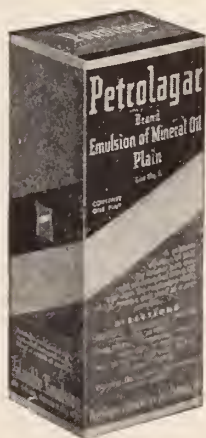
"Creditors of Dr. John R. Brinkley—goateed little gland surgeon, former Kansas gubernatorial candidate, radio

(Continued on Page 30)

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Suggested dosage:

ADULTS—Tablespoonful morning and night as required.
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San Francisco

BOARD OF MEDICAL EXAMINERS

(Continued from Page 28)

station operator and internationally known figure—gather in federal court tomorrow to prove claims of his crumbling empire of the Rio Grande. Adjudged bankrupt on his own petition at San Antonio several weeks ago, Doctor Brinkley appears at a hearing involving more than \$1,000,000 in debts. The schedule filed showed more than \$300,000 in assets. At Little Rock, Arkansas, Federal Bankruptcy Referee Lee Cazort yesterday declared Mrs. Brinkley bankrupt and named Charles Thweatt, Little Rock attorney, as receiver." (San Francisco *Examiner*, March 24, 1941.) (Previous entries, May, 1939; February, 1940; January, 1941.)

"Police arrested a fifty-year-old woman on a drunk-driving charge today and then ordered her held as a fugitive when their records indicated she had been sought for five years on an indictment in San Francisco charging her with being a member of a state-wide illegal operation ring. But the fugitive charge was dropped a few hours later, when the San Francisco police notified them that she was no longer wanted there. She is Mrs. Beatrice Bole of 12514 Wengo Avenue, Pacoima, arrested last night at Melrose and Ridgewood avenues after an automobile collision. Mrs. Bole later pleaded not guilty to drunk driving before Municipal Judge Joseph L. Call, and her trial was set for April 3." (Los Angeles *Herald*, March 13, 1941.) (See Pacific Coast Abortion Ring.)

"Dr. Eugene C. Nelson, former husband of blonde Helen Lee Worthing, one-time Folies beauty, today was at liberty

on \$2,500 bail, while awaiting trial for murder, following his preliminary hearings before Municipal Judge Irvin Taplin yesterday. Doctor Nelson was ordered held for trial on a charge of murder, and another of committing an illegal operation. The charges grew out of the death of Miss Tillie Durazzo, twenty-six, of 4113 Michigan Avenue, on March 5. . . ." Los Angeles *Herald-Express*, March 13, 1941.) (Previous entry, April, 1941.) (Doctor Nelson's California medical license was revoked on February 29, 1940.)

"Suspicion of a young Santa Rosa housewife over the critical illness of her unmarried sister, late yesterday resulted in the arrest of Dr. Fred N. Folsom, seventy-year-old former physician and surgeon, on a felony charge of performing an illegal operation. . . . The investigation which brought about the arrest came with lightning-like speed. Assistant District Attorney Charles McGoldrick was the first to launch the probe, with Deputy Bernard Plover assisting yesterday morning. The case 'broke' so rapidly that by noon all four members of the prosecutor's staff were working on various angles, with Special Agents Hunter and McGettigan in charge." (Santa Rosa *Press-Democrat* of March 12, 1941.) (Doctor Folsom's California medical license was revoked on October 19, 1937.)

"Assailing the 'capricious and arbitrary actions' of the Municipal Employees Health Service System's board of directors, the San Francisco County Medical Society announced today hundreds of San Francisco doctors have sent in their resignations from participation. The resignations will be filed with the Service's Board only if the

(Continued in Back Advertising Section, Page 34)



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(1) The nutritive values of canned foods have been the subject of numerous investigations, the results of which have repeatedly demonstrated the value of commercially canned foods as sources of the essential nutrients that should receive special attention in planning the child's diet. For further particulars the references below may be consulted. *American Can Company, 230 Park Avenue, New York, N. Y.*

1939. Accepted Foods and Their Nutritional Significance, Council on Foods of the American Medical Association, Chicago.

1939. Food and Life; Yearbook of Agriculture, U. S. Dept. of Agriculture, U.S. Government Printing Office, Washington, D. C.

1939. Canned Food Reference Manual, American Can Company, New York.

1938. Nutrition Abstracts and Reviews 8, 281.



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CALIFORNIA AND WESTERN MEDICINE

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A. A. Alexander, Chairman	Oakland 1944
Secretary-Editor, ex officio	

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Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

	PAGE
Editorials	253
Editorial Comment	258
Original Articles: Scientific and General	260
California Medical Association	277
Seventieth Annual Session	277
Committee on Medical Preparedness	283
Committee on Public Policy and Legislation	284
Committee on Postgraduate Activities	285
Committee on Public Health Education	286
County Societies: Membership; In Memoriam	286
Woman's Auxiliary	288
California Physicians' Service	289
News	291
Letters	296
Medical Jurisprudence	296
Twenty-Five Years Ago; State Examining Board	298

EDITORIALS†

GREETINGS TO NEW OFFICERS

Officers Elected at the Annual Session.—At Del Monte, on Monday, May 5, the California Medical Association officially opened its seventieth annual session. Proceedings of the House of Delegates will appear in the June issue of CALIFORNIA AND WESTERN MEDICINE; and in the months to come many of the papers presented before the twelve scientific sections will be given place in the OFFICIAL JOURNAL.

These are the newly elected officers:

PRESIDENT-ELECT: William R. Molony, Sr., *Los Angeles*.

SPEAKER: Lowell S. Goin, *Los Angeles*.

VICE-SPEAKER: E. Vincent Askey, *Los Angeles*.

COUNCILORS:

First District: Calvert L. Emmons, *Ontario*.

Fourth District: Axcel E. Anderson, *Fresno*.

Seventh District: Frank R. Makinson, *Oakland*.

COUNCILORS-AT-LARGE:

Philip K. Gilman, *San Francisco*.

E. Earl Moody, *Los Angeles*.

Sam J. McClendon, *San Diego*.

DELEGATES TO AMERICAN MEDICAL ASSOCIATION:

Elbridge J. Best, *San Francisco*.

Lyell C. Kinney, *San Diego*.

Harry H. Wilson, *Los Angeles*.

Henry S. Rogers, *Petaluma*.

ALTERNATES TO AMERICAN MEDICAL ASSOCIATION:

Robert S. Stone, *San Francisco*.

Bon O. Adams, *Riverside*.

Roy E. Thomas, *Los Angeles*.

Philip K. Gilman, *San Francisco*.

At the organization's meeting held on Thursday morning May 8, the Council elected:

COUNCIL CHAIRMAN: Philip K. Gilman, *San Francisco*.

COUNCIL VICE-CHAIRMAN: Elbridge J. Best, *San Francisco*.

The Council appointed to the Headquarters Administrative Staff:

ASSOCIATION SECRETARY-TREASURER: George H. Kress, *San Francisco*.

EXECUTIVE SECRETARY: John Hunton, *San Francisco*.

† Editorials on subjects of scientific and editorial interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

LEGAL COUNSEL: Hartley F. Peart, Esq., *San Francisco*.

EDITOR OF CALIFORNIA AND WESTERN MEDICINE: George H. Kress, *San Francisco*.

Names of newly appointed members of Standing Committees and the Editorial Board will appear in the June issue.

* * *

Next Year's Annual Session Will Be Held at Hotel Del Monte.—The Council proposed to the House of Delegates that the annual session of 1942 be held at Hotel Del Monte. Dates of the meetings will be decided after the American Medical Association determines when it will meet in Atlantic City. If there be no conflict, the California Medical Association will probably hold its session in 1942 during the first week of May. Members who contemplate attendance should apply to Hotel Del Monte for reservations.

* * *

Important Problems Confront the Medical Profession.—Congratulations are extended to the members who have received recognition from their fellows, through election, to posts of definite responsibility in the California Medical Association. Much important work lies ahead. Correct solution of many of the problems confronting organized medicine will require the best thought that the medical profession can bring to bear. Members of the Association are urged to discuss issues in which they are interested with their district and other officers, and to feel free to communicate with the headquarters office at 450 Sutter, San Francisco, concerning matters in which it is thought the facilities of the Association may be of aid.

For the time being, proponents of plans designed to radically change procedures in medical practice are seemingly less militant. Their abatement in vociferous exploitation of pet theories, however, should not be permitted to mislead. It is a question whether many of the propagandists of state and socialized medicine schemes have become much less obsessed with their notions. It is possible that such individuals and groups may be temporarily less aggressive, as they have met with obstacles too difficult to overcome. In all probability, they await only more favorable periods in which to campaign for their plans. To be alert and in a position to combat the antagonists of scientific medicine, is the obligation of every physician, and this duty of alertness and preparedness applies particularly to officers of the State Association and Component County Societies. Members, therefore, are requested to keep in mind that the officers are only the duly elected representatives and, as such, can best perform their functions in proportion to the coöperation given them by those members who honored them with official positions. Officers will be happy to learn the wishes of members.

AMERICAN DOCTORS FOR BRITAIN

President Roosevelt's Appeal Through the American Red Cross.—News dispatches in late April from Washington, D. C., called attention to Britain's need for physicians who could aid in the

professional care of its civilian population. The appeal from the British Red Cross was fortified by a Presidential statement, in which the number of physicians needed was placed at one thousand. A press item giving further information appears in this issue, and is worthy of perusal. See page 283.

In reading the announcement referred to, it will be noted that American citizenship will not be waived and that military or naval service will not be part of the obligation. A lieutenant's rank and pay will be given at the outset, with exemption from British income taxes. Only graduates of Class A medical schools will be considered. Other safeguarding provisions are stipulated.

* * *

American Medical Association Renders an Important Service.—In connection with this appeal, it is gratifying to know that the questionnaire information recently collected by the American Medical Association will be of greatest value. The punch-record system, installed in the American Medical Association headquarters, 535 North Dearborn Street, Chicago, made it possible to find the names of more than 20,000 young, unmarried physicians who would be eligible for the service indicated, and to each of these a letter was sent by the American Medical Association, giving full information.

The expense of installing the punch and record system in the Chicago headquarters of the American Medical Association, and of postage and maintenance expenses, exceeded the sum of \$50,000! It is to be regretted that in respect to the massive service that has been so generously rendered by the organized medical profession—through its constituted national body, the American Medical Association—it was not possible to secure for the questionnaires that were mailed franking privileges from the Government. The consoling feature, however, is the knowledge that this vast fund of biographic and professional information concerning physicians of the United States is now the sole property of the American Medical Association. The punch-card system installed will permit accurate statistical information concerning almost one hundred different items, with additional subdivisions for geographical areas and other purposes.

* * *

Government Should Recognize Military and Public Health Needs.—Certainly the citizens of our country would seem to be under great obligations to the physicians of the United States, if due consideration and credit are given for the gratuitous service rendered by thousands of physicians working under the Selective Service Act. The aid afforded by the American Medical Association in supplying accurate information concerning physicians who are entering the Army, Navy, and United States Public Health Service, is likewise worthy of deepest appreciation.

It is to be hoped that governmental authorities charged with the administration of the Selective Service Act will recognize, before it is too late, the importance of granting deferments to medical

students who are now in Class A medical schools. What was stated in last month's editorial and other comment on that problem still applies, and will apply until proper action is taken. If provision for such deferments is not made, then, in due course, the military and civilian authorities may find events and needs crowding in on them so rapidly that it will be impossible to rectify the error in judgment in not granting these much-indicated exemptions.

* * *

Appropriations for Researches.—With all the millions of dollars being expended on this, that, or other research regarding material accessories of war implements, it seems impossible for members of the medical profession to understand why ways and means for the conservation of human health and life should be so constantly ignored, and particularly so since, in case the country was involved in war, the lack of adequately trained and qualified medical personnel would mean the unnecessary death of hundreds or thousands of citizens belonging to military and civilian groups.

Some months ago, in an address before a component county society of California, a qualified medical officer in the Aviation Service stated that most of the disasters in aviation were due, not to defects in the airships or material equipment, but to deficiencies of the pilots (human equipment). In fact, if reports be true, more than 90 per cent of the accidents with airships are due to deficiencies of the human elements.

It is strange, therefore, to note the appropriation of hundreds of thousands of dollars for research studies and experiments, designed to improve the construction and capacity of airships, and to compare the same with the few thousands set aside to carry on studies concerning the pilots, human beings, who are called on for work under atmospheric and other conditions where accurate and reliable knowledge is greatly needed.

* * *

How Physicians and Hospitals May Inform Legislators.—A thought that comes in connection with the above is thus:

That every physician and every hospital, or other public health agency, could be of real service in promoting a betterment of the deficiencies concerning which comment has been made, by writing to the United States Senators and Representatives from California in relation to these needs.*

The letters could be made to have a special value if they mentioned, by name, specific hospitals in California wherein service to the public would suffer if an adequate number of interns and residents is not maintained. Attention could be called, also, to the needs of the four Class A medical schools of California and the special importance of maintaining the number of medical graduates at existing figures, if medical service of proper quality is to be rendered in the days ahead—to soldiers, sailors, and citizens in essential industries, as well as to members of the civilian group. Why not write such a letter? By so doing, you will be rendering a real service!

* For list of Congressmen, see page 284.

AMERICAN MEDICAL ASSOCIATION TRIAL: JUDGE'S CHARGE TO JURY

Jury's Findings.—On April 4, 1941, after twelve hours of deliberation, and concluding a trial of eight weeks' duration, a federal district court jury of the District of Columbia brought in a verdict of guilty against the American Medical Association and the Medical Society of the District of Columbia, on charges that these organizations had violated the Sherman Antitrust Law enacted by Congress in 1891. Eighteen individual defendants, including a number of officers of the two medical organizations, were acquitted. On what basis the jury found the societies guilty, and their human agents or representatives not guilty, is not known. Perhaps, because the wording of the Sherman Law, designed some fifty years ago to prevent "restraint of trade," is so loosely phrased and constructed that such a seeming contradiction is permissible.

The question of whether the practice of medicine is a "profession" or a "trade," was not passed on in the recent trial.

* * *

Significance of Justice Proctor's Charge to the Jury.—A press dispatch concerning the verdict appears in the press clipping department of this issue (page 294), and gives additional information. Of special interest is Federal Justice James M. Proctor's charge to the jury prior to that body's deliberations. The charge is printed in full in the *Journal of the American Medical Association*, April 12, 1941, page 1700.

Justice Proctor, in answer to requests by the attorneys of both the Government and the defendants, gave instructions to the jury on certain questions of law. Some of the instructions in relation to the status of medical societies and their authority in matters of membership and ethics are of special interest in view of the vast amount of misinformation so often circulated by forces antagonistic to organized and scientific medicine. For the convenience of readers, the following excerpts are given:

The defendants had the lawful right to combine and form corporations and associations for the improvement of the practice of their profession and to advance their interests. They had the right to make reasonable rules and regulations respecting their profession and to ascertain the qualifications and character of their members. They had the right to discipline members who failed to abide by the regulations or rules adopted by the associations in the formation thereof and to suspend or expel from membership any member who failed to abide by the rules and regulations. The fact that the defendants adopted such rules and regulations and disciplined members does not of itself constitute an unlawful combination in violation of the statute. They must have combined together with the intent to injure, obstruct or restrain trade, or they must have intended to do acts the necessary effect of which would be to injure, obstruct or restrain trade.

✓ ✓ ✓

The individual defendants as physicians had a right to determine with what other physicians they would consult, and their refusal to consult with any particular physician is not of itself illegal.

✓ ✓ ✓

Physicians have the right to select the hospital in which they choose to treat and operate on their patients; and the refusal of a physician to do business with any hospital because of the composition of its courtesy staff is not of itself illegal.

The defendants American Medical Association and Medical Society of the District of Columbia have the right to adopt rules for just and fair dealing among their members and the right of enforcement of those rules and regulations by such reasonable penalties as they may provide for violation thereof.

~ ~ ~

The defendants had the right to reach and attempt to reach their objective of advancing the interests of the medical profession by legitimate persuasion and reasoned argument, and to this end they had the right to tell their side of the story and to persuade others, including the Washington hospitals, other physicians, members of Group Health Association, Inc., and the public to utilize and use the defendants' method of practicing medicine, and to use peaceful persuasion, publicity, articles in the press, in publications of defendants, including *The Journal of the American Medical Association*, and all lawful propaganda to have their methods of practicing medicine prevail over those of Group Health Association.

~ ~ ~

The defendants had the right to write letters or other statements among themselves or to other members of the profession or to the public generally, expressing disapproval of or opposition to Group Health Association and the form of medical service offered by it.

~ ~ ~

The defendants were entitled, through legitimate persuasion and reasoned argument, to endeavor to support and advance the interests and extension of that type of medical practice believed by the defendants to be in the public interest, without regard to whether such acts hindered Group Health Association, its doctors, members or operations, or any other type or method of medical practice. If they did not go further to conspire to restrain Group Health Association there would be no offense.

~ ~ ~

I charge you that the defendants have the lawful right, through action taken in their meetings and conferences, to formulate and adopt rules of medical ethics for the control and government of themselves and the members of their societies in the practice of their profession, and the support and maintenance of such principles of medical ethics by legitimate persuasion and reasoned argument or by enforcement of Society rules, laws and regulations, without more, would not constitute unreasonable restraints against Group Health Association, its doctors or members.

~ ~ ~

Any doctor who voluntarily joined the defendant medical societies was required to comply with the constitution, rules and regulations thereof. No doctor would have the right, as against the wishes of the particular society, to retain membership therein regardless of how valuable or advantageous such membership might be to him, and at the same time wilfully violate any provision of its constitution, rules or regulations.

If a doctor desires to retain membership he is bound to obey the constitution, rules and regulations, since membership therein is entirely voluntary; and if, as a result of his nonobservance, he suffers discipline and possible expulsion from the society, any injury, damage or restraint thus suffered by him or by any corporation by which he might have been employed would, without more, not constitute a violation of the statute.

~ ~ ~

The Washington hospitals are private institutions under private management and control, and the lawful authority to constitute the medical staffs of such hospitals is vested in the governing boards thereof. Hospitals have a lawful right to make such reasonable rules and regulations for the operation of the hospitals as to the authorities thereof may seem in their best interests. They are lawfully entitled to require obedience to such rules and regulations by all persons dealing with said hospitals, including doctors permitted by the hospitals to practice their profession therein.

The Washington hospitals had the lawful right, if they so desired, to adopt and enact a rule confining their medical staffs to members of the local medical societies, and any

restraint resulting thereby to Group Health Association, its doctors, members or operations, would not in itself be a violation of the Sherman Act.

A member of the medical profession duly authorized by law to practice his profession in the District of Columbia is not by reason thereof entitled to practice in any of the private Washington hospitals. Permission to practice in such a hospital is not a right on the part of an applicant doctor but is only a privilege which can be extended or withheld from him at the will of, or in the discretion of, the particular hospital.

If the Washington hospitals or any of them believed that it was in the best interests of such hospital to adopt and enforce a rule confining appointments to the medical staff to members in good standing of local medical societies any such hospital had a lawful right to adopt and enforce such rule, and any resulting injury or restraint occasioned thereby to a particular doctor or other person would not be a violation of the statute.

~ ~ ~

The defendant American Medical Association had the lawful right, on request of a hospital, to inspect it for the purpose of approving or disapproving it for intern or resident training, and it had a lawful right to approve or disapprove such hospital based on the inspection so made.

The American Medical Association was lawfully entitled to present for the consideration of the hospitals inspected the so-called Mundt Resolution concerning the selection of medical staffs exclusively from the members of local medical societies, and such action on the part of the American Medical Association would not of itself constitute an act of coercion as charged in the indictment. . . .

~ ~ ~

A defendant does not become a party to a criminal conspiracy simply because he is a member of an association which might so conspire, or because he attends meetings of such organization where such conspiracy may be discussed, nor does he become a party to such conspiracy because he has knowledge of its existence or because he may even approve such conspiracy and its unlawful purpose. Before he can be found to be a member of a conspiracy it must appear that he knowingly and intentionally participated therein with the purpose and intention of aiding and furthering it; and you must find, before you can convict such defendant, that such intent existed beyond a reasonable doubt.

It is not unlawful to conspire and combine to effectuate a lawful purpose by lawful means. The defendants could lawfully combine to protect and support their medical organizations, their methods of professional practice, and the principles of medical ethics, by legitimate persuasion and reasoned argument or by any other lawful means. . . .

~ ~ ~

If it be true, as defendants claim, that the District Society, acting only to protect its organization, regulate fair dealing among its members and maintain and advance the standards of medical practice, adopted reasonable rules and measures to those ends, not calculated to restrain Group Health, there would be no guilt, though the indirect effect may have been to cause some restraint against Group Health. It would be justified if but an incidental result of reasonable regulation of the membership and affairs of the organization, for the statute comprehends only such restraints as do directly and unreasonably affect freedom of competition in the trades and professions.

~ ~ ~

In joining the District Society members assumed the duty of compliance with laws and regulations thereof. The right to practice medicine gave a doctor no right to be a member of the Society. Discipline and control of members of a society, within reasonable bounds, are essential. When applied in good faith, under fair rules, without ulterior purpose to injure the business of a member or others, there is no wrong. However, such rules and regulatory actions cannot be justified where the real purpose, or the natural results, are to interfere with free competition. . . .

~ ~ ~

The hospitals had the lawful right to prescribe rules and regulations governing the use of their facilities by doctors

and patients. In their boards was vested the authority to decide what physicians would be allowed the privileges. A doctor had no right to demand them. To grant or refuse the same rested solely with the hospital. Therefore, if denial of privileges to Doctor Selders, or other members of the Group Health staff, represented the voluntary decision of the boards, no question would arise as to the legality of their acts. However, if refusal was arbitrary and to serve a criminal conspiracy against Group Health or their doctors, it would violate the statute. . . .

NATUROPATHIC LICENSURE

Two Naturopathic Statutes Before the Legislature.—In the list of proposed laws having public health implications, and submitted to the California Legislature now in session, are two companion bills: A. B. 1301 (Assemblymen Richie, Pelletier, and Kilpatrick) and S. B. 977 (Senator Swan), which would create a State Board of Naturopathic Examiners.

These proposed statutes, intended to give California an additional sectarian board of examiners, are of particular interest for a number of reasons.

* * *

Naturopathic Referendum-Initiative of 1939 That Failed.—For those who are unaware of the fact, it can be stated that during the latter half of 1939 a naturopathic group engaged actively in an effort to secure a sufficient number of signatures of citizens to an initiative petition (referendum-initiative), designed to make it mandatory upon the Legislature now in session either to enact the proposed act to establish a board of naturopathic examiners, or at the next state election to refer the proposed statute to the electorate, as submitted, with or without an alternative act drafted by the Legislature.

The naturopathic group is said to have spent some \$14,000 in this effort, which failed to secure the approval by the Secretary of State because it did not contain a sufficient number of valid signatures of voters.

* * *

Naturopathic Group Turns Again to the Legislature.—Not disheartened, and as in the last several legislative sessions, the sponsors of the measure next turned to the fifty-fourth biennial meeting of the California Legislature, now in session, and submitted in the Assembly and Senate two companion bills (A. B. 1301 and S. B. 977), either of which, if enacted into law, would bring into being a fourth healing-art board of sectarian type for California.

Since it is important for members of the medical profession to appreciate the scope of the endeavors referred to, and because of the important public health and medical standards principles involved, space is given to the informative data, which follows.

* * *

Titles of Assembly Bill 1301 and Senate Bill 977.—The title of Assembly Bill 1301 reads:

An act to regulate the practice of naturopathy, to establish a State Board of Naturopathic Examiners, and to define its powers and duties, to license schools of naturopathy, providing for the revocation and suspension of such licenses, and establishing a special fund for the administration thereof.

The title of Senate Bill 977:

An act to regulate the practice of naturopathy. Defines naturopathy. Creates Board of Naturopathic Examiners, prescribing its qualifications, powers, duties, and compensation. Board empowered to examine applicants, issue, deny, suspend, and revoke licenses to practice naturopathy; investigate and inspect institutions teaching naturopathy and issue or deny certificates of approval thereto. Prescribes educational and other qualifications of licentiates, grounds for denial, suspension and revocation of licenses. Accords licentiates, within scope of license, same rights granted physicians under public health laws. Specifies unlawful acts, prescribing penalties and disposition of moneys received. Prescribes rights and duties of naturopathic colleges. Defines terms used in act. Repeals conflicting laws.

* * *

Illuminating Article in Journal of the American Medical Association.—Turning now to an article in the *Journal of the American Medical Association*, April 12, 1941, page 1907, by J. W. Holloway, Jr., Esq., attention is called to efforts made by naturopaths in former years which only older members of the profession may remember.

In 1904, the California Legislature enacted a law which made it mandatory upon the then Board of Medical Examiners of the State of California (when California had only one healing-art board—a conjoint board) to issue licenses to practice naturopathy to all persons who would present to it a certain certificate that had been issued by "The Board of Examiners of the Naturopathic Physicians of California." Within six months after the passage of the act, in 1904, the records indicate that a total of about 103 persons were thus certified to practice naturopathy in California.

It is said that the corporation bearing the above name is still in existence, but certificates issued subsequent to the time-period noted are not valid as regards licensure to practice naturopathy in California.

Such is the history of the "appeasement" endeavor in 1904, publicity of which in that, and for several years thereafter, gave unhappy hours to more than one leader in the profession who thought it was better thus to placate a group of sectarian practitioners than to give vigorous opposition. Thus do we learn.

* * *

Naturopathic Initiated-Statute of 1934.—In 1934, the naturopathic group placed a straight initiative (so-called initiated-statute) on the state ballot, but this went down to defeat by a vote of 1,115,000 to 492,000.

The 1939 attempt to secure a legislative initiative (so-called referendum-initiative) has already been referred to.

* * *

Proposed Powers of Existing "Naturopathic Association of California," in Assembly Bill 1301 and Senate Bill 977.—Before leaving the subject, and as a matter of record and for comparison, it may be of interest to note the phraseology used in the provision for automatically granting naturopathic licenses to persons possessing membership certificates from certain "naturopathic associations":

1. In 1904, the certifications were granted by the "State Board of Examiners of the Naturopathic Physicians of California";

2. In 1939 (in the Referendum-Initiative that failed to secure an adequate number of signatures, and wherein a new naturopathic organization was named) it was the "Naturopathic Physicians' Association of California" that would have been given the power to grant the certifications; and

3. In 1940, in subsection (d) of Section 13 of the proposed statute, as outlined in A. B. 1301, the "Naturopathic Physicians' Association of California" again appears (the phraseology of subsection (d) of Section 12 of S. B. 977 being identical with that in companion bill A. B. 1301).

Text of the provisions as given in the three measures, follows:

1. The 1904 paragraph, as given in *Journal of the American Medical Association*, on page 1707, reads as follows:

Any person who holds an unrevoked certificate issued by the Board of Examiners of the Association of Naturopaths of California, incorporated under the laws of the State of California, August 8, 1904, and who shall be practicing naturopathy prior to the passage of this act, shall be entitled to practice naturopathy in this state, the same as if it had been issued under this act. The Board of Medical Examiners shall endorse said certificate at their first meeting after this act becomes a law, or at any subsequent meeting of the Board, but not later than six months after the passage of this act by signature of its president and secretary and affixing its official seal. *Provided, however*, that the holder of such certificate has signed his or her name on the back of said certificate and the president and secretary of the Association of Naturopaths of California, have certified over their respective signatures that the holder of said certificate is the rightful owner of same.

From the 1939 referendum-initiative that failed, the following excerpt is taken:

(d) Any person who has been a legal resident of the State of California for one year immediately prior to the effective date of this act who can establish to the satisfaction of the Board by affidavit and/or any further proof required by the Board that he is a resident graduate of a legally chartered school, college, academy or institution of learning teaching a course in natural therapeutics and whose training approximates the naturopathic subjects contained in subdivision (b) of Section 12 of this act and who makes application to the Board within ninety days after this act becomes effective and who shall pass an examination such as the Board may require. *The Executive Board of the Naturopathic Physicians' Association of California, as the sponsors of this act, is hereby empowered to act as the committee to investigate the qualifications of all applicants for examination under this subdivision, and shall report their findings to the Board of Examiners. However, the Board shall refuse to examine under this subdivision any applicant whose total number of certified hours of education in legally chartered schools of the healing arts is less than the total number of hours required to qualify him for examination under any other act regulating any system of nonmedical healing in the State of California.*

Coming now to the year 1940, in A. B. 1301 and S. B. 977, at the present time before the California Legislature, the phraseology below is found:

(d) *Any person who holds an unrevoked certificate issued by the Board of Examiners of the Naturopathic Physicians' Association of California shall be entitled to practice naturopathy in this State the same as if it had been issued under this act. The Board of Naturopathic Examiners appointed under this law shall issue to the holder of said certificate a license to practice naturopathy at their first meeting after this act becomes a law, or at any subsequent meeting of the Board, but not later than six months after this act becomes effective; provided, however, that the holder of such certificate has signed his or her name on the back of said certificate, and the president and secretary of the Naturopathic Physicians' Association of California have certified over their respective signatures that the holder of said certificate is the rightful owner of same.*

Comment.—If either A. B. 1301 or S. B. 977 were enacted, the provision noted above, whereby an unknown number of naturopathic practitioners with indeterminate qualifications could automatically receive California licenses to practice (as was the case in 1904, some thirty-seven years ago) is one worthy of the serious attention of all citizens, both lay and medical!

The subject is the more important because S. B. 977, referred to the Senate Committee on Governmental Efficiency on March 28, as amended, was sent out to the Senate floor for consideration. Since that time the measure has not moved forward. However, to be kept in mind is the fact that the bill did get out on the Senate floor. It is, therefore, not without potential menace.

* * *

Names of Various Societies.—It is not without interest, also, that the naturopathic groups, in different parts of the United States, seem to have found so-called "licensing societies" to be of value in the promotion of their objectives,* as witness:

In Arizona, their licensing group had the name "Examining Board of the American Naturopathic Association, Arizona District";

In California, the "Association of Naturopaths of California";

In North Dakota, the "North Dakota Naturopathic Physicians, Inc."; and

In Texas, the "Texas State Naturopathic Association."

† † †

Conclusion.—The conclusion must be drawn that eternal vigilance is necessary by all who believe in high public health and healing-art standards, and who hold that the enactment of undesirable laws in regard thereto should be prevented.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 277.

EDITORIAL COMMENT†

MILK-BORNE CARCINOGENIC VIRUS

Seven years' experimental and statistical evidence, tending to prove the existence of a milk-borne carcinogenic "influence" in mice, a catalyst having all of the essential characteristics of an ultramicroscopic virus, is currently summarized by

* See *Journal of the American Medical Association*, April 12, 1941, page 1707.

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

Bittner¹ of the Jackson Memorial Laboratory, Bar Harbor, Maine.

The existence of milk-borne immunologic factors has been recognized since the time of Theobald Smith,² who found that female guinea pigs artificially immunized against diphtheria toxin may transfer an effective amount of diphtheria antitoxin to their offsprings in breast milk. He afterward showed that in cattle an essential normal immunologic factor is transmitted to newborn calves through the first colostrum feeding. Deprived of this initial feeding, most calves die from saprophytic infections. Since an initial feeding with normal adult cow serum can be substituted for colostrum, it seemed safe to conclude that passive colostrum immunity is due to the transference of humoral antibodies. It is well recognized, however, that certain other types of natural immunity are not thus transferred. Wright,³ for example, has shown that in mice transference of natural resistance to encephalitis virus is not affected through the breast milk. Susceptible mouse strains, nursed by resistant foster-mothers, do not lose their hereditary susceptibility, nor do inherently resistant strains acquire susceptibility by foster-feeding.

Discovery of a milk-borne carcinogen "influence" was made in 1933 by the staff members of Jackson Memorial Hospital at Bar Harbor.⁴ This laboratory had available several inbred strains of mice with widely different hereditary tendencies to breast tumor. At one end of the susceptibility scale there were certain strains, 95 per cent of whose members developed breast cancer. In contrast there were resistant strains, in which the incidence of breast tumor was as low as 0.5 per cent. Under routine methods of breeding, each strain maintained its inherent carcinoma percentage unchanged from generation to generation. If the routine breeding method was altered, however, the young being placed to the breast of foster-mothers, the young tended to acquire the hereditary percentage of the foster-mothers. Thus, a 94.9 per cent susceptible strain yielded 0.7 per cent susceptible young, as a result of being nursed by 0.5 per cent susceptible foster-mothers. A 0.5 per cent susceptible strain was raised to an 89.8 per cent susceptibility as a result of foster feeding.⁵ There evidently was a milk-borne extra-chromosomal gene or determinant, capable of modifying carcinous heredity. This discovery has been adequately confirmed by later investigators.⁶

Seven years' study of this milk-borne "influence" has shown that this transfer is not due to a protective antibody in the milk of low-cancer

stock, but to an active carcinogenic factor in the milk of high-cancer stock. Statistical evidence suggests that this breast-cancer-producing factor is a catalyst, capable of absorption from the gastrointestinal tract of the nursing young, and of multiplying in the tissues of its new host.⁵ This hypothetical catalyst is present in the milk of high-cancer stock during the entire lactation period. It is also present in the spleen, thymus and mammary gland tissues of such stock. It is further evident from available data that low-breast tumor strains of mice, normally free from this extra-chromosomal determinant, may occasionally "acquire" this synergic carcinogenic factor, with a resultant change to a high-breast-tumor stock.

An impartial pathologist cannot help being struck by the similarity between this hypothetical milk-borne extra-chromosomal carcinogenic catalyst and an ultramicroscopic virus. Modern methods of virus research apparently have not yet been applied to this problem. If Bittner has inadvertently proved the existence of a milk-borne carcinogenic virus in mice, it may well be regarded by future historians as the most important basic medical discovery of the present generation.

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W. H. MANWARING,
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Pneumonia Complicating Operations Is Treated Effectively.—Infections of the respiratory tract complicating surgical operations or severe injury should be treated in the same manner as any acute lung infection, Dr. Lewis T. Stoneburner, III, and Dr. Maxwell Finland, Boston, advise in *The Journal of the American Medical Association*.

Pointing out that the availability of highly potent specific remedies for the treatment of pneumonia, such as serums and sulfapyridine and sulfathiazole has resulted in a sharp drop in the death rate from this disease wherever such remedies have been used extensively, the two physicians declare that "it is probably fair to say that pneumonia occurring after surgical operations or after serious trauma [injury] is usually considered by both surgeons and layment to be an unfortunate complication which often results in fatalities when the treatment of the primary condition is otherwise successful."

They report on their findings from 279 cases of pneumococcal pneumonia complicating surgical operations and ninety-two such cases occurring after serious injuries. In all instances the type of pneumonia was ascertained. Modern specific treatment was found by them to be as effective in pneumonia following injuries as in primary cases of the disease and also to be highly effective in cases following operations.

They advise that pneumococcus typing should be done and cultures of sputum or of material from the throat and blood cultures should be taken as soon as a diagnosis of pneumonia is suspected. Treatment with sulfapyridine and sulfathiazole should be instituted, under proper control, as soon as evidence of pneumonia appears. Specific anti-pneumococcus serum may be given as it is evident that the drug is not effective or is not properly tolerated.

It is not as a destroyer of property or as a consumer of food but as a health menace that the rat does the greatest harm.

¹ Bittner, John J.: *Proc. Soc. Exp. Biol. and Med.*, 45:505 (Dec.), 1940.

² Smith, Theobald: *Jour. Med. Res.*, 16:359, 1907.

³ Wright, F. Howell: *Proc. Soc. Exp. Biol. and Med.*, 45:871 (Dec.), 1940.

⁴ Staff, Jackson Memorial Laboratory: *Science*, 78:465, 1933.

⁵ Bittner, John J.: *Amer. Jour. Cancer*, 39:104 (May), 1940.

⁶ Andervout, H. B., and McEleney, W. J.: *Publ. Health Rep.*, 53:777, 54:1597, 1939. Korteweg, R., and Snell, G. D.: *Third Internat. Cancer Congress*, 1939.

ORIGINAL ARTICLES

THE HOUR OF DEATH*

By EMIL BOGEN, M.D.

Olive View

"TO everything there is a season, and a time to every purpose under the heaven. A time to be born and a time to die. . . ." Ecc. 3:2.

That man is mortal and all that are born shall die is generally recognized, but it is not so easy to say just when these deaths will occur. Recognition of the hour of death is of concern to all; but despite the efforts of astrologers and physicians, it is only under rare, special conditions that the exact time of death of an individual may be safely predicted.

Facts, unknowable about individuals, however, may often be ascertained in regard to groups or masses of individuals. The constancy and predictability of birth, death and marriage rates, and the isolation of factors responsible for some of their perturbations, form one of the most striking applications of modern biometry.

The investigation of the time of occurrence of deaths in a community or population group may not be merely a Cassandra-like croaking of the inevitable, but may indeed point to ways by which some of these deaths may actually be averted.

The idea that there is a difference in the frequency with which deaths take place at the different hours of the day has been expressed by many authors, both lay and medical. Thus, to cite but a few, Laycock, over eighty years ago, asserted that "death is most frequent" at the hours from 4 to 6 a. m., while the opposite is the case for the hours from 8 to 10 a. m.; and Dickens also remarks on the death of his characters occurring at ebb tide, or before dawn.

Attempts by medical workers to check this common belief have been unsuccessful, but the number and manner of the work have not appeared convincing. Inasmuch as the hour of death appears on the modern death certificate, filed for practically all deaths in this country, it would seem a simple matter to obtain the necessary figures from any vital statistics office. However, inquiry at the Los Angeles city, county, California State and National vital statistics offices, and a number of other localities, has revealed that in no instance is this data compiled in such a manner as to be available. In the city of Los Angeles, during the year 1935, 16,411 deaths were reported, and these certificates were accordingly, individually gone over, tabulated and analyzed.

The actual time of occurrence of deaths depends upon many factors. In the case of conditions in which the death occurs relatively soon after the initial onset of the condition, as from accidental, homicidal or suicidal trauma, or at a relatively fixed interval following the onset, as in lobar pneumonia, rabies, etc., the most important determin-

ing factor is the time of exposure to the causative agent, both for era, decade, year, month, day, and even hour. For more chronic conditions, where the disease may persist for some indefinite time before death, the frequency of exposure to the causative agent is still the chief factor responsible for the perturbations by era and perhaps decade; but the exact year, season, day, and particularly the hour and moment of death is apt to be determined by a multiplicity of minor precipitating factors which may tend to prolong or shorten the duration of the conditions before death ensues. A sharp distinction is often possible between the etiologic or causative factors of death, without which death would not have occurred at all, and the precipitating or immediate factors which determine the time of, rather than the actual occurrence of the death.

In the case of childbirth, the etiologic factor is the fertilization of the ovum, and the era, decade, year, and month of birth is mainly determined by the opportunities for such fertile connections. The exact day, hour and minute of birth, however, may be determined by a multiplicity of minor factors, such as the selection of time for operative intervention, the initiation of labor pains by excitement or activity, etc.

Factors affecting the time at which death might occur include uncontrollable environmental conditions, such as the height or duration of maximum, minimum, average or change of the meteorologic phenomena, temperature, humidity, rainfall, wind or air movement, or other factors affecting ventilation, illumination, the duration and intensity of sunlight and the exposure to artificial sources of light, and perhaps the phase of the moon, both in regard to the amount of night illumination and possible effect of such polarized light, and the possible relationship to gravitational effects similar to the tides.

Other environmental effects include the location of the individuals, whether in bed, sedentary or active, exposure to stimuli such as sound, noise, speech or music, or to visual stimuli, or traumatic forces in the vicinity, the use of alcohol and other drugs and specific activities such as sleep, moving, eating, working, etc.

Some of the environmental factors undergo regular cycles of intensity, varying periodically during the day, week, month or year, others vary irregularly or aperiodically, while others remain relatively constant. The various rhythms in the environment may result either in stimulation or sedation of the various activities within the body, which might consequently influence the exact time of exitus.

Metabolic rhythms subsequent to habits of alimentation are important determinants of the state of body functions. The time and manner of food intake, the temporary increase in blood pressure during ingestion from gastric dilatation and abdominal distention, increasing vascular resistance, as well as from reflex and psychic stimulation, the fall in systemic blood pressure during the period of splanchnic dilatation following eating, in the course of digestion, and absorption, the lowering

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of energy during states of hunger, and the cyclic curves of blood sugar and other chemical elements in the blood which result from the eating habits, have been repeatedly noted. Diurnal variations in blood counts—total white, red, differential, etc., as well as in blood platelets—have been observed, but the claims that they are related to food ingestion, etc., have been disputed.

Variations in excretory function, the well-known increased concentration of the urine during the nighttime, the greater water intake during the day, the habitual hours of bowel movements and the increased blood pressure during defecation, may affect the hour of death in some individuals.

The effect of muscle tension and movement on venous return and blood pressure are marked, and so general muscular activity may affect the precipitation of death. The state of the autonomic nervous system and its effect on the tone of the vasomotor system may similarly affect the time of death. The effect of excitement, sexual activity, etc., on the blood pressure and circulation may be of critical importance. Other neurologic rhythms may be of significance in this connection. Psychic stimulation, nervous tension or apathy, and the contrasting will to live and will to die, also affect the duration of life.

Part of the differences in the hour of death, as recorded in the death certificates, at different times of the day, are due not to real differences in the time at which death occurred, but to differences in the time at which death was discovered. Thus it is natural to expect that many persons, dying in their sleep, are not discovered to be dead until someone tries to awaken them in the morning, accounting for a relative increase in the number of deaths reported in the morning hours after awakening. Others dying during the day may be discovered when there is occasion to observe them, as at mealtimes, resulting in an apparent increase in the number of deaths reported for the hour just before mealtimes. The same is true for the hour of bedtime. Among the sick, the hours of the nurses' services, temperature taking, etc., may also be accompanied by a higher number of reported observations of death.

The extent to which such factors affect the mortality rates from different conditions varies. Patients in hospitals with special nursing, or in large wards, or persons living at home with much contacts with others, and persons whose last hours are filled with pain or activity, are more apt to have the exact hour of death noted than those who quietly go out in solitude.

HOUR UNKNOWN

The 3,254 death certificates in which the hour of death was not stated included 1,569 instances of accidental, homicidal, or suicidal deaths from trauma or poisoning, mainly reported by the coroner. Most of these deaths probably occurred soon after the trauma, but there was no record of the hour on the certificates. Reports from other data indicate that these deaths probably occurred, for the most part, during the day or evening hours, and that if they were actually included, they would

have occurred less often during the classical early morning hours before dawn.

Another 1,098 deaths in whom the hour was not reported were ascribed to cardiac or circulatory disease, or pneumonias. Many of these were probably instances of the person being found dead, and so the exact time of death was unknown. It is possible that such an occurrence might have been more apt to take place during the night, and the lack of information here might cloud our findings; but the fact that these cases constitute less than a fifth of the total number of deaths with these diagnoses, and that the distribution of the remaining four-fifths does not show predominantly nocturnal time, speaks against this idea. Cases of "cardiac deaths" of a sudden nature, particularly those listed as due to coronary disease, often were coroners' cases, and had no date entered on the certificate, even though it might have been ascertainable if the coroner's office had cared to investigate.

If the 3,254 deaths at unknown hours are distributed similarly to those for known hours, from these same causes, the difference in favor of the day would be even greater. A large proportion of these deaths at unknown hours may, however, represent persons found dead after dawn, and therefore not recorded for any particular hours. This omission may possibly invalidate many conclusions otherwise to be drawn from this data.

TOTAL DEATHS

For the entire 13,157 deaths for which time was reported, considerable variation was observable at different hours, the median number of deaths per hour per day being two, varying from 0 to 12, and the total number of deaths per hour per year varying from 456 at 10 a. m. to 608 at 7 p. m. The oscillations were irregular. Only twice was a rise or fall continued for more than one hour. This might suggest that an increased death rate in certain hours would result in a correspondingly lowered one the succeeding hour, or vice versa; but more data would be needed to prove this. Comparison of the different groups of the cases here included failed to show much agreement in these hourly changes, except for a consistent drop after 1 and 8 p. m., as compared with the preceding hours.

Grouping the hourly figures in three-hour periods, shows a similar oscillation or fluctuation, oscillating from 1,526 or 11.6 ± 0.8 per cent of all deaths around midnight to 1,809, or 13.7 ± 0.9 per cent, of all deaths around 6 p. m. The difference here of 283 deaths is 2.1 ± 1.2 per cent, or nearly two times the standard error of the difference. The traditional period before dawn, 2 to 5 a. m., when deaths are supposed to be most prevalent, here showed 1,632 deaths, as compared with the average of 1,645 for the eight three-hour groups. The lowest death rates were seen during the two periods from 11 a. m. to 2 p. m. (1,526) and 11 p. m. to 2 a. m. (1,580), the middle periods of uninterrupted sleep or waking.

Marsh suggested that the similar drop at noon and midnight, which he found in his series in New

York, was due to the uncertainty of physicians as to whether to write the correct M (meridian) or P. M. or the possible N for noontime, or the N (nox) or A. M. or M for midnight, and accordingly evading the issue by writing 11 or 1. The failure to show a compensatory rise at the adjacent times in this series speaks against this curious proposal. The two periods, 5 to 8 a. m. and 5 to 8 p. m., when the daily routine is being changed, either to wake or go to work, or to return from work and go to sleep, are accompanied by higher death rates than the times when already established rest or activity is being continued.

The entire daytime period, from 6 a. m. to 6 p. m., showed 6,662 deaths, compared with only 6,494 during the night, or an excess of 168 deaths during the day. For the twelve hours, starting with eight o'clock, including the hours of awakening and of going to sleep with the nighttime, the figures show a difference of 278 more deaths during the daytime, an excess of over 4.0 per cent over the night.

If it is true, as the data indicate, that the night is really safer than the daytime, further studies might be suggested to determine the factors responsible for these differences, and the possibilities for their control. The times of lowest death rate correspond to the hours of least frequent pulmonary hemorrhage, as shown in a study published at Olive View some years ago. This was then interpreted to indicate the times of lowest bodily vigor and blood pressure. An excess number of deaths may be due, perhaps, not to failing physical forces, but rather to excess stimulation or demand on the part of one or another system. The inconclusive and small differences shown in the gross total mortality rates might be interpreted to represent a balance of deaths due to stimulation, as opposed to those due to weakness or inertia. A more significant set of findings might be expected if the data were classified rather in terms of the probable cause of death.

Most of the (over 300) causes of death listed in the death certificates are represented by such small numbers that no significant differences could be expected in their diurnal occurrence. Many of the certificates, moreover, contained a number of contributory or associated causes of death. For the purpose of this study the diagnoses were grouped under forty main headings, and only the first diagnosis appearing on the certificate was considered. Some of the diagnoses are admittedly scrap heaps of mixed pathologic entities, such as "arteriosclerosis and chronic myocarditis" which leads the list with 2,150 deaths, or diseases of early infancy, which accounted for 810 such deaths.

Although deaths generally occurred at a considerable interval following the development of the diagnosed condition, some of them may have been rather sudden, or resulted from repeated attack or a relapsing condition. Such acute, sudden, and sometimes immediately fatal conditions might be expected, as in apoplectic strokes, or coronary infarction, to occur more often in the daytime (as in Masters' series), and the figures here seem to bear out this expectation, since both conditions

show more deaths in the daytime than at night. The smaller excess in the day deaths from myocarditis and nephritis and other genito-urinary conditions, may indicate similar conditions included in them by misdiagnosis, the heavier burden put on the kidneys during daytime by diet, etc. The similar finding for blood diseases, especially pernicious anemia, is not clear.

The fevers and exanthems, constituting the chief contagious diseases, show relatively little difference in incidence at the different times of the day or week.

Tuberculosis deaths occur more often during the hours from 7 to 8 in the morning, and from 2 to 5 in the afternoon, as observed in the similar group of 929 deaths at the Olive View Sanatorium during the previous decade. The similarity between these rises and the hours of most frequent hemorrhages suggests that these accidents may be important determining factors in producing the periodic rise in the death rate at this time. Measures to prevent stimulation and exertion at these times, especially excessive coughing, might aid in lessening this toll.

Cancer deaths show relative decrease during the hours from midnight to 2 a. m., and from 6 to 8 a. m.; in other words, a rise before dawn, followed by a drop after day breaks, but the total number of deaths during the night is even less than during the daytime, especially if we make the day hours to begin at 8 a. m., as is apt to be the case with the sick. The deaths at unknown hours are less than 4.0 per cent of the total number, and not sufficient to account for the discrepancy unless nearly all of them occurred at night. The daytime increase in deaths in this group might be ascribed to operative deaths during the afternoon, but the exact shape of the hourly curve does not appear to support this explanation, the excess occurring in the afternoon, rather than in the morning, which is usually chosen for operating. Deaths from continued bleeding after operations, or other short delays might account for the differences in some cases, or perhaps cancer cases may be operated more often in the later hours of the day, after the more emergent cases are cared for.

Diabetes deaths show distinct evening rise, one-seventh of all occurring between 6 and 8 p. m. The number of unknowns is inadequate to explain this difference.

The increase in the frequency of deaths from cerebral hemorrhage during the evening hours, from 6 to 8, as well as the similar rise in the diabetics, suggest perhaps a postprandial effect, or increase in pressure at that time. A slight tendency to "die at dawn" might be seen in the rise from 4 to 6 a. m., but this is not marked, and might be ascribed to discovery of nighttime deaths at that time, since the number of deaths at unknown hours here is also sufficient to account for this difference, but not for the evening excess.

There is a marked excess of coronary deaths during the daytime, despite a drop following each meal, following an increase at each mealtime; but the low night figures might be entirely accounted for by the large number of deaths at unknown

times, which constitute more than a third of all such deaths.

Myocarditis, a general term covering a multitude of causes of death, generally not well understood, consists principally of instances of congestive heart failure. The diurnal incidence of these deaths closely parallels those of coronary disease, being more frequent in the daytime; but this figure is invalidated by the large number of deaths at unknown time, constituting nearly 15.0 per cent of the total. The same is true of the other circulatory diseases reported.

If we add together these three heart and circulatory conditions, the total figure gives the same impression even more markedly, a marked excess of deaths in the day as compared with the night, and a drop at each mealtime. The excess of attacks during the night, in Masters' series, differs from the hour of death in cases reported here, either because of the unknowns being predominantly night deaths or because of an average interval of some hours between attack and death. He does not emphasize a mealtime drop in attacks, as seems to be the case of deaths, but his figure of only 5.0 per cent at that time seems consistent with such a drop, if we consider that the three meals occupy about three hours during the day, or 12.0 per cent of the time.

Deaths from poisonings here include many deaths directly due to alcoholic poisoning, and others due to suicidal or other poisonings often taken during intoxication. Poisoning deaths by hours of the day show a marked excess in the afternoon and evening, the times of drinking, as compared with the morning; but the large number of deaths at an unknown time suggests that even more of them might have occurred during the late hours and the night, only to be discovered at dawn, accounting for both the low night figures and the increase at 4 to 6 a. m. The lowered figure during the later morning, however, seems insignificant, as these would be the hours of less drinking. The peak at noon suggests possibly fatal poisoning at mealtimes, as a similar peak occurs at 5 a. m. and 5 p. m., but the numbers here are too small to be significant.

There is a marked excess of pneumonia deaths during the daytime as compared with the night, but the large number of deaths at unknown hours perhaps accounts for this discrepancy. The drop, instead of the traditional rise before dawn, however, and a similar drop at the noon hour, appear less readily explained away in this manner.

There is little difference in the incidence of deaths from appendicitis or gastric ulcer at different times of the day, except for a slight drop during the midday and midnight hours, whose significance is not clear.

Nephritis is another diagnosis apt to be inaccurate, through confusion with cardiovascular disease. The marked excess reported for the daytime hours, instead of at night, for this disease, may be due to the large number of deaths reported as at unknown time, which happened during sleep; but the excess between the hours of 4 and 8 p. m., when nearly one-half more deaths occurred than

at any other hour of the day, deserves further study.

Deaths from pregnancies and puerperal conditions are more common during the morning, from 4 to 6 a. m., the dawn hours, possibly coinciding with excess births at this time, or with exhaustion following a night of sleepless labor, with a lower fatality rate in the evening; but the small numbers and the large number of unknown hours of death make this finding questionable.

The few deaths recorded as due to senility occurred most often during the warmer hours of the afternoon, but there was also a peak of deaths in the early hours of the morning, from 3 to 5 a. m.

Most suicides probably occur during the lonely hours of the night and early morning, but our data fail to show this, since nearly all of the suicides were listed as "Hour of death unknown."

Murders probably happen more often during the afternoon and evening, when human contacts leading to such acts are commoner, but our data here are also deficient since nearly all murders were recorded as "Time unknown."

Mortality data by day of the week are not available in the literature. Over 16,000 deaths occurring in the city of Los Angeles, in 1935, have been analyzed from this point of view. The total number of deaths by day show relatively slight oscillations as follows: Sunday 2420, Monday 2308, Tuesday 2451, Wednesday 2263, Thursday 2232, Friday 2328, Saturday 2406, the difference between the maximum on Tuesday and the minimum on Thursday being only 219 deaths, or less than 10.0 per cent.

The excess in deaths from automobile accidents on Sundays, more than 20.0 per cent greater than on any other day, and nearly double that on Wednesday (diff. = 10 ± 3.3 per cent or $3 \times$ probable error), reflects perhaps the greater use of alcohol and abandon rather than of automobiles on that day. Other accidents also show a distinct week-end increase. The deaths from poisonings, half of whom are alcoholic, occur at week-ends nearly twice as often as on week-days. The increased mortality from myocarditis, other circulatory diseases, and pneumonia on Sundays, with a lesser rise on Saturdays, suggests a relationship. Could the excitement and stimulation of visitors and more persons around the house on these off-days play a rôle in accelerating these deaths?

On the other hand, the relatively low incidence of deaths on Sunday from abortions, appendectomies, and bone diseases may reflect the lessened number of elective operations done on this day. Other variations in the death rates during the week are less readily distinguished or accounted for.

Variations in behavior and activities at different days of the week are of considerable importance. The increased use of automobiles for pleasure, of alcohol, and of excursion trips on week-ends may not be overlooked. For many persons the week-end is the time of rest and relaxation, for others it is a time of increased physical and social activities. The diet on the week-end may also differ from that during the week. A diet of left-overs and scraps on Saturday, or of heavy family din-

ners on Sunday, may be of effect on the death rate; for example, from diabetes.

DEATHS ON HOLIDAYS

Holidays interrupt the daily routine in a manner similar to that of week-ends. Work may be suspended, eating and drinking may be increased, rest may be increased or decreased, depending on the setting. The chief holidays generally observed here include New Year's Day, Lincoln's and Washington's birthdays, Labor Day, Independence Day, Memorial Day, Columbus Day, Armistice Day, Thanksgiving Day, and Christmas. In 1935, these ten days included one Monday, two Tuesdays, one Wednesday, two Thursdays, three Fridays, and one Saturday.

The total number of deaths on the holidays was slightly greater than that on the days following the holiday, but lower than that of two days before the holiday. The number of deaths from heart disease was slightly greater on the holidays, but less on the day after, when it was the same as two days before. Deaths from poisonings and accidents were greater on the day after the holiday than on the holiday, or even on the two days before the holiday.

If we consider that the greatest amount of stimulation and exertion occurs during the daytime, during the week-ends, and during the wintertime, it is interesting to observe that these are the times of the greater number of deaths from all causes, and that circulatory and respiratory conditions particularly are most apt to terminate fatally at these times.

An investigation of the relationships of the time of death from various causes to the meteorologic phenomena during the time in question would be of great possible value. The labor involved in such an attempt has so far precluded its accomplishment, but it is hoped that this may be done at a later date.

The accumulation of more reliable factual information is, necessarily, prerequisite to any attempts at interpreting the relationships between the time of death and other possible factors. Careful study of the quantitative relationships are then needed to unravel the nature of the relationships. Qualitative analysis of the factors involved is then in order to explain their significance.

A study of the exact mechanism of death as related to the hour at which it occurs, rather than merely the proximate cause of death given on the death certificate, may also be of value. Such a study has been made of four hundred autopsy protocols at the Olive View Sanatorium, and the results presented at the 1939 meeting of the California Sanatorium Association. It revealed that the chief reason for the high peak of tuberculosis deaths during the morning hours just after arising consists in the increased coughing and expectoration at that time, with consequent excess deaths from hemorrhage, spontaneous pneumothorax and other catastrophies. The rise in deaths during the afternoon following rest period, or during the visiting hours, occurred mainly in those patients with

marked asthenia, as in the cases with intestinal and laryngeal involvement, or with miliary tuberculosis.

CONCLUSION

This study of the time of occurrence of all of the deaths reported in Los Angeles during the year 1935 reveals certain suggestive differences.

There are more deaths during the hours of the day than at night.

The daytime excess is most marked with apoplexy, heart disease, tuberculosis and pneumonia, and deaths from diabetes and from poisoning occur more often at night.

Possible explanations for some of the discrepancies have been hazarded. The data available, though compiled at great labor, are still too small to yield conclusive information regarding the consistency and significance of many of the differences noted. If the Census Bureau could be persuaded to make a similar tabulation for the entire country, for one year, at least, it is believed that many other interesting observations might be made. Similar studies in other localities, and in special institutions, may also furnish useful checks and additional information.

Olive View.

EQUINE ENCEPHALITIS IN THE SAN JOAQUIN VALLEY*

By R. J. VAN WAGENEN, M. D.
Fresno

IN presenting a clinical study of the cases of equine encephalitis in the San Joaquin Valley, the author of this paper wishes to state that his major endeavor has been to select only that material which is applicable at the bedside in the diagnosis and handling of this disease. He has purposely avoided, as far as possible, the controversial and scientific phases of this disease.

OBSERVATIONS IN YEARS 1937 AND 1938

In the late summer and early fall of 1937 it became apparent that the San Joaquin Valley, especially the region around Fresno and Tulare, was experiencing a high incidence of encephalitis. Some of these cases had a rather violent clinical course and the mortality rate was exceedingly high. Fresno County alone reported thirteen fatalities. The Department of Public Health made an effort to isolate the virus, but was unsuccessful. When a similar epidemic occurred in the fall of 1938, a more systematic course of close coöperation between the various public health agencies and the research workers at the Hooper Foundation resulted in more fruitful returns.¹ It was during this epidemic that a virus was recovered from a patient who had died in the Fresno General Hospital. This virus was found to be the Western strain of equine encephalitis. Howitt had made several approaches to this problem, but until the discovery of this virus she had not been able to prove that

* Read before the Section on Pediatrics at the sixty-ninth annual session of the California Medical Association, Coronado, May 6-9, 1940.

these cases were related to equine encephalitis.² With this lead, careful check-up work was instituted by the Hooper Foundation and is going on even up to the present time. At the starting of this paper there were fifteen cases with positive blood neutralizations, and they form the basis of this review.

When one mentions the term "equine encephalitis," many questions automatically arise. The interest in these will vary with the type of work one is doing. Some of the basic questions that a clinician would like to have answered are: (1) Are we dealing with a new disease? (2) Do human beings contract this disease from horses? (3) How can one differentiate this type of encephalitis from any other form of encephalitis? (4) Is there a specific treatment? (5) What is the prognosis, and are there many residuals in this type of disease? (6) Is cross-infection between human beings common?

LITERATURE

In approaching the first question, Are we dealing with a new disease? it might be wise, very briefly, to cover the historical highlights pertaining to this virus. This does not seem to be a new disease. Similar cases have been known to exist in horses as far back as 1847,³ going under such names as "blind staggers," "nonpurulent encephalitis," "forage poisoning," etc. In 1933, Ten Broeck and Merrill reported a virus very similar to the one recently found in the San Joaquin Valley,⁴ but to be different in its neutralization properties. Their virus has become identified and is now known under the name "Eastern strain" of equine encephalitis. This seems to be identical with the so-called "Western strain," except that it has distinctly separate neutralizing properties in the laboratory. The strain that was recovered by Rosenbusch in 1934 in Argentina has now been proved to be identical with the Western strain. Similar viruses have also been reported in Venezuela and Russia. So at the present time we are apparently dealing with these two strains, the Eastern and Western. The virus, itself, conforms to the usual characteristics of viruses in general. It is very active and can be transmitted in dilutions up to one to one-hundred million. It is capable of bringing about a strong immunity in laboratory animals. It seems to be distinctly neurotropic in type, in the sense that it will multiply in non-nervous tissue, but has a property of attacking nervous tissue.

It has been suggested also that the term "equine encephalitis" is erroneous and that it might better be called "avian encephalitis." This is due to the work of Gettner and other observers in this country who have found that ducks, geese, hawks, blackbirds, pheasants, and pigeons are susceptible. It is possible that birds do act as a host reservoir of the disease.

TRANSMISSION

Question number two, pertaining to whether or not human beings contract this disease from horses, is very difficult to answer. Plotting the mode of

spread of this disease, one is immediately impressed by the likelihood that a vector must be involved somewhere in the process of these various epidemics. Transmission of the disease from horse to man has never been proved, although these human cases always appear in localities where there is a high incidence of encephalitis among horses. We are not aware of any high incidence of disease among members of the bird family at the time of these two epidemics in the San Joaquin Valley. However, one laboratory worker did contract the disease and followed the typical clinical course while she was working with the virus in the laboratory. At autopsy, the virus was recovered from the patient's brain, but the mode of infection of this patient could never be established. She was only one of over a hundred who have been working with this virus for some time, and there never has been a duplication of her unfortunate experience.

Various theories have been advanced as to the mode of spread. Murphy⁵ had a series of cases and made a careful study of the terrain of the region in which this epidemic occurred. In every instance where a new case appeared, it was in an area of low terrain, suggesting the possibility that the vector was one which, such as the mosquito, might be impelled by wind. However, no definite proof has been established that the mosquito is the specific vector. Experimentally, the mosquito can be infected and transmit the disease to laboratory animals and horses. Seven varieties of mosquitos are known to possess such ability for the Western strain and two for the Eastern strain. However, to date, no one has so much as even found an infected mosquito in the areas where equine encephalitis was present.

ANALYSIS OF CLINICAL MATERIAL

In the series of cases reported in this paper, only five had possible exposure histories. Two men were dairymen, one was a butcher, and two lived within short distances of slaughterhouses. This is, of course, somewhat suggestive, but other than that we could find no connection between the disease and the horses. In no instance have we been able to prove that there was a sick horse on the place at the time of the individual taking ill with encephalitis, although the general incidence of encephalitis in horses was very high at the time. Apparently, then, we have no established connection between human beings and horses at the present time.

Before attempting to discuss the differential diagnosis, I shall make an analysis of the fifteen cases studied and bring out, if possible, any clinical sign or symptom of practical value, and omit such laboratory procedures which are so complicated as to lose their immediate clinical help.

SYMPTOMS

In going over these cases a somewhat different course was followed than is usual in case-review work. Of course, the histories were scanned repeatedly, and what seemed to be salient data was recorded. After that I contacted the resident staff

on this service, and by discussing the encephalitis problem as a whole with them, I feel that I have their reactions and feelings as regards this particular type of disease. The nurses' notes and progress notes were gone over in detail. So, rather than list out each case and chart with the symptoms that presented themselves in the various cases, I am going to try to summarize the data obtained. In the first place, the onset seems to be very abrupt. Patients do not become ill gradually, but within the course of a few hours will usually develop a very severe, persistent, and tense headache. This seems to be the initial symptom. All through the charts and the complaints of the patient this was the outstanding presenting symptom. The headache did not seem to subside, day or night, nor did the usual doses of salicylate have any effect upon it whatever. In patients who died, it persisted until the time they became unconscious, and where they recovered the headache subsided as the disease subsided. Headache seems to be the first symptom to come and the last symptom to leave.

The next symptom was fever. In most instances it started out at about 103 degrees and varied, depending upon the course of the disease. However, the type of temperature in general was a sustained curve, the maximum fluctuation being about one degree during the twenty-four hours. In the fatal cases the temperature rose to higher levels and remained extremely high. In the cases that improved, the temperature left by lysis. The most striking thing, and perhaps the most important to a clinician, is that, in going over these cases, most of them seemed to be very spastic, that is, there was a generalized rigidity of the muscles of the arms and legs. This was especially true of the fatal cases. Patients fatally afflicted also seemed to be early very restless with the disease. They would pick at their clothing and, in many instances, the nurses reported that they were quite irrational and hard to restrain. Convulsions were not numerous, but occasional and of short duration. They were inclined to be the unusual, rather than the usual picture. There was nothing of note in the pulse or respiration other than it paralleled the temperature curve.

One symptom, which I am sure is not distinctive of this disease but was found so consistently that perhaps it will bear mentioning, was that in almost every instance rather vigorous treatment was necessary to the eyes. There seemed to be considerable accumulation of secretion almost to the point of purulent discharge, and while nothing was said on the progress note nor did the patients ever complain of it, I noticed that in almost every instance considerable treatment had to be given to the eyes.

Some further points about the cases are: All fifteen patients were males, and the age varied from twenty months to sixty-six years. In general, the young adult age group prevailed. Neurologic reflexes were varied and bizarre: they would change from hour to hour. The general impression was that there was nothing reliable in them except that

they confirmed a meningeal irritation. I believe the most reliable single reflex was the absence of one or more of the abdominal reflexes. The spinal fluid was usually under pressure, although it was not measured. In two instances there was a very large amount, as much as 50 to 75 cubic centimeters being drained away. In general, however, there was a moderate amount of fluid. The cell count varied greatly. However, you might say that the cell count was low, being between 40 and 200 cells. Differential counts were of little help except that lymphocytes usually predominated. All spinal fluids had negative cultures.

DIAGNOSIS

The admitting diagnosis in eleven of the fifteen cases was either encephalitis, poliomyelitis, or meningitis. Four cases were mistaken and had a tentative diagnosis of lower left pneumonia, once; acute pericarditis with mitral heart disease, once; lower left pneumonia in pyelitis, once; and typhoid fever, once. The final diagnosis agreed in every case up to the point that we were dealing with some type of encephalitis. In general, they seem more acutely ill than do the patients with the St. Louis type of encephalitis. However, it seems that, in the light of our present information, these cases present no differentiating point other than these possibilities. Apparently the spinal fluid is not of any help in the differential diagnosis.

PROGNOSIS AND RESIDUALS

Coming to the question of prognosis and residuals. In the cases reported, two of the patients are dead. In one instance the virus itself was recovered. Of the patients that lived, recovery seemed complete, except that two patients complained of generalized weakness for a short while. They had no other complaints. There was one patient that lived who shows a very marked amount of permanent damage. This child now presents the picture of a spastic paraplegia with marked mental degeneration and several attacks of epilepsy daily. In the series there were twelve complete recoveries, one patient with rather marked residual symptoms, and two patients who are dead.

In going over the next question, regarding cross-infection among human beings, one might summarize that best by saying that, to date, these cases are considered as highly contagious for obvious reasons. However, I have been unable to uncover any in the literature, nor was there in this series a single case of cross-infection among human beings. In many instances contacts were most intimate for several days prior to admission, but apparently no cross-infection has taken place. So, it would seem that one would be fairly justified, at least, in reassuring the other members of the family and thus lessening the element of panic as much as possible.

IN CONCLUSION

A review of these fifteen cases is made with the sole purpose of sifting out something that could be of some use to the clinician in diagnosing and

handling of this type of case. It seemed that it might be worthwhile to do this, even though we know at the very beginning that most of the information is going to be of negative nature. The subject at the present time is quite popular and is causing considerable discussion. Therefore, at the best it seems that all we can offer at the present time is that one might become suspicious of equine encephalitis when the onset is unusually abrupt, accompanied by severe headache, and especially when there is a generalized spasticity of the muscles of the extremities. All of the proved cases that have occurred in the region of the San Joaquin Valley have been well up until the onset of this illness. It did not seem to come on gradually. The course of the disease seems to be comparatively short and the mortality rate seems to be reasonably high. To date there has been no proved vector, and there has been no proved case which was transmitted directly from the horse to the human being, and so far the likelihood of cross-infection among members of the families seems to be remote. Therapeutically, nothing has been offered.

I should like to express my appreciation to Beatrice Howitt of the Hooper Foundation for the kind way in which she supplied the reports of the neutralization tests to me. It was through her reports and the records of the Fresno General Hospital that data for this paper were obtained.

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ALLERGIC ECZEMA OF INFANCY AND CHILDHOOD: APPLICATION OF SKIN TESTING*

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"SKIN TESTING" may be defined as "a search for the identity of proteins causing clinical symptoms in a disease resulting from a sensitivity to those proteins." By the same token, "allergic eczema" may be defined as "a skin manifestation of this protein sensitivity." Within these strict definitions it becomes possible to discuss the application of skin testing as a practical and valuable procedure.

As with any test, the reliability of skin testing depends, to a great extent, on adherence to proper principles and proper technique. These merit some discussion.

COMPLETE TESTING NECESSARY

The diet and the environment even of the newborn are infinitely complex. From the moment of birth, and even *in utero*, the infant is exposed to numerous proteins. The breast-fed infant, to the proteins in the mother's diet, the bottle-fed infant, to the proteins in its formula, to the wool of the blanket in which it is covered, to the face powder of the nurse who tends it, and to the pollen in the air at both hospital and home. As the infant grows older the diet and environment become more and more complex. It follows that success in the search for specific causes of allergic symptoms will be measured by the extensiveness of that search.

CARE IN THE TECHNIQUE OF TESTING

Each test protein must be carefully protected from contamination by other proteins; otherwise, false positive reactions will be frequent. Experiment shows that once a syringe has contained egg white, no amount of rinsing will make the syringe biologically clean unless the rinsing solution actually destroys the egg-white protein. The ordinary boiling of sterilization is ineffective. It is necessary between each test to clean glassware with acid-cleaning solution, and metal parts, such as needles, with strong alkali to actually destroy the contaminating proteins.

INTRADERMAL VERSUS SCRATCH TESTING

As will be brought out later, safety, accuracy and efficiency demand that every patient must first be tested by the scratch or puncture technique. Thereafter, the intradermal test may or may not be necessary.

APPARENT DISCREPANCIES IN THE RESULTS OF SKIN TESTING

All tests may be negative. Obviously, protein skin tests will not determine the cause of contact

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dermatitis, seborrheic eczema, or fungous infections. Completely negative skin reactions, therefore, call for a reconsideration of the original diagnosis, for in our experience only 5 per cent of 138 cases of allergic eczema have consistently given completely negative reactions. If, however, the diagnosis is certain, a retest at a later date is indicated, for often the completely negative test in a definitely allergic individual indicates a temporary anti-allergic state.

Completely negative skin tests may also result from testing a too restricted number of proteins.

All tests may be positive. This may be due to urticaria factitia, or to contamination of all the test sites, including the blank control, by one or more proteins to which the patient is highly sensitive.

Negative reactions may occur to proteins which are known to cause clinical symptoms. The use of inactive test proteins or an anti-allergic phase to a particular protein may explain this result.

Positive reactions may be of no clinical significance, despite the most careful technique. Since in a given patient these reactions are generally of a lesser degree than those that do have clinical significance, they will be discussed in relation to the interpretation of the skin test.

INDICATIONS FOR SKIN TESTING

A thorough and searching history may make the cause of symptoms so obvious that dietary and environmental control is readily accomplished without resorting to the skin test. For example, 286 cases of allergic eczema were seen in the out-patient department of the Los Angeles Children's Hospital. Of these only 70, or 24 per cent, were referred to the Allergy Clinic. Presumably, the greater proportion of the other 76 per cent were satisfactorily controlled without skin testing. With these we are not here concerned. The cases that justify the time and effort necessary for proper skin testing are the ones that are not satisfactorily controlled by ordinary clinical methods.

INTERPRETATION AND APPLICATION OF RESULTS

About 10 per cent of allergic patients show a three- or four-plus reaction by the scratch or puncture test, and such reactions are practically always infallible clues to the cause of symptoms. The negative, the one-plus, and the two-plus reactions, on checking by the intradermal test, give three- and four-plus reactions in about 66 per cent of patients.

On the assumption that every protein that gives a positive reaction is harmful, and that the larger the reaction the more likely is this to be true, there is a logical and practical method for the solution of the most complex case. Assuming, for the sake of simplicity, that we are dealing only with food protein sensitivity, then every positively reacting protein is removed from the diet for at least six months. At the end of this time, one offending protein is given in moderate amounts for a week. Provided symptoms do not recur or are not aggravated, another offending protein is added to the

diet. Adding a protein to the diet for a week permits the detection of any accumulative action or of a breakdown in tolerance. By consistently following this practice new tolerances and sensitivities may be uncovered without undue delay or harm to the patient.

The object of this manipulation is primarily to determine the cause of symptoms; but of almost equal importance is the fact that it can be done without dangerous dislocation of nutritional needs and without too great a strain on domestic efficiency and maternal tranquillity. These are important, for if they are disturbed, coöperation becomes poor, and in a chronic ailment such as allergic eczema prolonged coöperation of the parent is essential for success.

Allergic eczema is often the result of sensitization not only to foods, but to other substances such as pollens, hairs, feathers, orris root, and similar sources of protein. If this is forgotten, then the most careful dietary manipulation, whether based on skin tests or trial and error, will be fruitless. Thus in sixty cases of allergic eczema in which one could be definitely certain of the etiology, although 40 per cent were caused by foods alone, there were 20 per cent caused by pollens alone, 11 per cent by epidermals alone, and in the remaining 29 per cent, foods, pollens and epidermals in various combinations shared equally in importance as the cause of symptoms. This again emphasizes the necessity for complete and exhaustive testing.

From the results of skin testing, one may choose safe substitutes in arranging new diets. For example, if cow's milk causes eczema, the skin test will determine whether goat's milk or a soy-bean preparation may take its place without subjecting the patient to the risk of diet trial. In the same way, as it becomes necessary to enlarge the scope of a child's diet or environment, one may by means of the skin test learn beforehand what is to be avoided.

THE VALUE OF SKIN TESTING

The allergic infant or child, regardless of the method of treatment, generally becomes well of his eczema, but later develops respiratory symptoms. Extensive lichenification and thickening of the skin, fungous infections, pyoderma, contact dermatitis, dermatitis medicamentosa, etc., often retard healing, complicate treatment, or produce irreversible changes in the skin. These make difficult any attempt to evaluate the results of treatment based on skin tests or any other method. The skin test makes possible the avoidance of the irritating allergic factors, but the eczema will not clear until complicating factors are recognized and properly treated. Nevertheless, in eighty-six cases chosen for their refractoriness prior to skin testing, fifty-eight cases, or 65 per cent, obtained a good result; eighteen cases, or 21 per cent, obtained a fair result; and ten cases, or 12 per cent, were not helped.

CONCLUSION

In conclusion, if the diagnosis is correct, if the skin testing is properly done and its limitations ap-

preciated, if the results of the tests are intelligently, diligently and patiently applied, if the course of the symptoms is carefully watched and preconceived ideas avoided, the protein skin tests are a highly efficient method for the diagnosis and control of allergic eczema.

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CHRONIC GALL-BLADDER DISEASE*

PREPARATION OF THE "BAD RISK" PATIENT

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BEFORE discussing the preparation of a "bad risk" patient, we must have some understanding of the meaning of the term. The patient believed by one surgeon to be a poor operative risk may not be so considered by another with more experience and sounder surgical judgment. This situation is not serious, but a reversal of the two viewpoints might easily prove tragic. As a rule the "bad risk" patient may be said to be one whose general condition or some specific additional disease makes surgery especially hazardous.

All of us would agree that certain patients are bad risks—for example, the elderly patient with a poor cardiac reserve. Although age alone does not necessarily constitute a bad risk, its combination with heart disease may prove so serious that surgery is not warranted. In fact, any patient of any age with definite myocardial damage and decompensation is a poor risk. The obese patient, too, regardless of age or cardiac output, is a poor, perhaps even a bad risk. These patients should be made to reduce in weight before surgery is attempted. Also to be considered in this category are patients with renal or cardiorenal disease, diabetes, secondary anemia, hyperthyroidism, jaundice, pulmonary disease, and those who for any reason are losing weight. In addition, we have heard, and shall hear more, from those here this morning about the deficiency of the liver which constitutes a bad risk not only in surgery of the gall-bladder, but in any other major surgery.

EVALUATION OF SURGICAL RISK

It seems evident from the foregoing that, in order to evaluate the surgical patient properly, a careful history must be taken and an extensive physical examination, as well as certain indicated laboratory studies, must be done before surgery is contemplated, unless the surgical lesion is such an emergency that the other aspects of the case must be discounted. Chronic disease of the gall-bladder seldom, if ever, constitutes an emergency. The preoperative preparation of the patient for surgery of the gall-bladder, as for any other major surgery, is just as important as the technical procedure itself; sometimes it is more important. Time for the proper preparation of the patient is, in my opinion, the greatest element in successful surgery of the gall-bladder. It is impossible, how-

ever, to outline detailed plans for preparation before operation which would be applicable in every case. No two cases are alike and each must be evaluated so that the correct treatment can be instituted for each patient.

It is in handling of bad risks that the teamwork between the internist and surgeon comes into play. If a patient has cardiac damage and associated disease of the gall-bladder, for example, there is no reason why he must go through life suffering from the troublesome gall-bladder. That such cases are far from uncommon is indicated in a recent article by Breyfogle,¹ who reported that disease of the gall-bladder is definitely associated with diseases of the arteries and muscles of the heart, and contributes to death from the latter ailment. He analyzed 1493 consecutive autopsy records and found 162 cases in which the primary cause of death was considered to be heart disease; in seventy-nine of these, disease of the gall-bladder also was found. In addition, he reported the association of heart disease in 20 per cent of 363 cases of disease of the gall-bladder, which he studied. Recently two patients, who had had known heart disease for a good many years, were operated on here for disease of the gall-bladder. The attacks of cholecystitis had become so frequent that their lives were miserable. These patients insisted that something be done, each saying that he preferred to die from the effects of the operation rather than to continue to live in such discomfort. Each was prepared for operation, with the close coöperation of an internist, by a similar régime—rest in bed, digitalis, and a high caloric, high vitamin diet with fortified fruit juices in order to store up an extra amount of glycogen in the liver. After two weeks of such preparation, cholecystectomy was performed without particular difficulty. These patients were operated upon under ether anesthesia and with the use of a straight transverse incision. This is a technical point well worth considering for patients in whom some pulmonary or cardiac difficulty may be anticipated following surgery. Pain in such an incision is much less than in the rectus incision. Because of this there is not the splinting of the upper abdomen and lessening of the excursion of the lung. In other words, the patient can breathe normally and aerate the lungs without pain.

OTHER EXAMPLES

The patient with chronic disease of the gall-bladder, as well as severe impairment of renal function, has a very serious handicap. Surgery must be postponed until renal function becomes as nearly normal as possible. Rest, diet, and fluids may, after a week or two, greatly improve the function of the kidneys. If there is any obstruction to the urinary outflow it must be corrected before operation upon the gall-bladder is undertaken. Urologists have taught us much about renal deficiencies in their work of preparing aged patients for urologic operations.

The combination of myocardial damage and renal insufficiency in connection with disease of the gall-bladder constitutes a dangerous situation requiring the most careful evaluation to determine whether the patient should ever be subjected to surgery

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of the gall-bladder. If surgery is decided upon, several weeks or months of preparation will be required. In these cases also, preoperative preparation consists of rest in bed, a diet which includes high caloric fruit juices, fluids, digitalis, and careful and repeated checks on the function of the liver and the kidneys.

The patient who has severe diabetes in association with chronic disease of the gall-bladder should not be operated upon until every attempt has been made to get the diabetes under control. The diabetic patient, likewise, requires the closest coöperation between the surgeon and the internist, not only in preparing the patient for surgery, but also in directing his treatment following operation. The plan outlined for such a patient depends, of course, upon many factors, such as the age of the patient, the severity of the diabetes and the extent of the associated deficiency of the liver.

Before operation is performed on the patient with chronic disease of the gall-bladder and secondary anemia, the blood must be brought within normal limits, either by the use of one of the iron and liver compounds, or by blood transfusions. Transfusions are used much more frequently than they were in the past, and rightly so. During the time of such preparation, the store of glycogen in the liver can be increased by a high caloric diet rich in carbohydrates.

The patient who combines hyperthyroidism with chronic disease of the gall-bladder should have, by all means, the hyperthyroidism treated first; that is the rule and the practice in our clinic. After the hyperthyroidism has been controlled, usually by subtotal thyroidectomy after a period of preparation including rest in bed, the administration of Lugol's solution, phenobarbital and a high caloric diet, the patient will be able to undergo abdominal surgery with much less danger of a postoperative crisis. We have seen several such patients in our clinic, in some of whom the hyperthyroidism was not diagnosed until after entry to the hospital.

Patients with chronic disease of the gall-bladder associated with jaundice and marked hepatic damage, and all the complications which may be present, are very poor risks. I shall not enlarge upon this aspect further, as it will be discussed by other speakers on this program.

TESTS OF LIVER FUNCTION

It is impossible to urge too strongly the use of the different tests of liver function to determine damage to the liver. Any such test—Rose-Bengal, glucose, or any of the others—which will give adequate information, is well worth while. There is, however, a great need for a more adequate test of liver function. One or more such tests are routine in our clinic. If such a test shows marked damage to the liver, every attempt is made to improve the condition of the liver before operation. Time, rest, fluids, and glucose are very important to such a patient. The test should be repeated and surgery should be postponed until tests show the liver function to be within normal limits.

I am certain that we are all advising surgery earlier for our patients with gall-bladder disease,

with better end-results. In connection with preoperative preparation, it likewise lowers operative risk. In most instances preparation of the patient can be carried on at home instead of in the hospital, thus reducing the cost of medical care.

OTHER PROCEDURES

We feel, as most medical men do, that it is perfectly possible for the patient to take an adequate amount of glucose by mouth, provided he is not nauseated. For example, he can easily take as much as 200 grams of sugar daily in fruit juice. We prefer to leave the intravenous method to be used following surgery.

COMMENT ON THE LITERATURE

A study of the literature indicates that the management of chronic disease of the gall-bladder has improved tremendously during the past ten or fifteen years, as shown by the reduced mortality rate. Our own figures show a reduction of almost 9 per cent. During the past nine years we have done some 317 cholecystectomies, with a mortality of one per cent plus, as contrasted with the previous period of nine years, when the mortality was around 10 per cent. The reasons for this are several. Better coöperation between the surgeon and the internist assures better preparation of the patient before surgery and selection of the proper time for the operation. Let me emphasize again that time is perhaps the greatest factor in the preparation of the poor-risk patient. There has been, as well, improvement in the anesthetic used and in the technical procedures. So simple a measure as the administration of glucose, though valuable, certainly should not receive all of the credit for the improvement in mortality statistics.

SUMMARY

Suggestions are made as to the preoperative preparation of the "bad risk" patient with chronic disease of the gall-bladder, to make operation less hazardous. Since there is so much individual variation in these cases, no hard-and-fast rule for such preparation can be laid down. Special points in regard to diet, vitamin and drug therapy are not included in this paper, as they are discussed by other speakers in this symposium.

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SINUS INFECTIONS: THEIR RELATIONSHIP TO RESPIRATORY DISEASE*

By FERRIS ARNOLD, M. D.
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SINUS infection is present in a great many respiratory diseases. It is often the most important etiologic factor.

Griffiths¹ reports a series of 5,000 cases in which the incidence of sinus infection was 385. Many of

* Read before the Section on Eye, Ear, Nose and Throat, at the sixty-ninth annual session of the California Medical Association, Coronado, May 6-9, 1940.

these cases showed secondary chest infections and persistent symptoms of intractable cough. Kerley² has reported the presence of demonstrable sinus disease in 133 cases out of 173, patients presenting themselves with acute respiratory infection. Kern and Donnelly³ report as high as 62 per cent demonstrable sinus infection in asthmatic cases.

The above represents a rather large percentage of involvement of cases quoted. It is my belief that there is an even greater number of cases in which sinus infection is the responsible factor.

ANATOMICAL AND HISTOLOGIC CONSIDERATIONS

There is a normal connection between the nasal sinuses and the chest through a network of lymphatic vessels and the glandular system. This has been proven by various experiments; such as, the installation of dyes, carbon black, India ink, etc., into the sinuses of living animals. Their distribution follows a definite pathway; the antra and frontal sinuses draining into the upper and middle deep cervical glands, submaxillary glands, tonsils and bronchial glands. Main drainage of the antra and tonsils is into the glands of the hilum, and thence into the entire bronchial tree.

The histologic structure of lining of the sinus membranes is of such a nature that it becomes easily infected. The goblet cells and basement membrane undergo consecutive pathologic changes, with or without regeneration, depending upon the acuteness or chronicity of the disease, as has been demonstrated by Semenov,⁴ and many others. Many prominent authorities make the statement that the normal histologic sinus membrane is unknown except in very small children.

Bacteriological studies by Turner and Loew,⁵ Dochez⁶ and others have shown that 85 per cent of nasal cultures of infants at birth are sterile; but that after the first feeding, multiple types of bacteria are found in the nose and nasal cavities. However, the lining membrane of the sinuses remains normally sterile until some condition intervenes which lowers the resistance of the membrane to infection. It has been shown that the greater majority of individuals have more or less persistent, ever-present pathologic changes in their sinus membranes.

PATHOLOGY

Although we are all familiar with the usual pathologic changes found in the nasal membranes in sinus disease, attention is invited to a few specific conditions found there. In subacute and chronic infection there is a destruction of cilia and goblet cells, to a greater or lesser extent, depending upon the severity and length of the infection. Goblet cells become smaller and fewer, and cilia become less or disappear. The basement membrane becomes thickened and shows an increase of connective tissue. Imbedded in this membrane are found colonies or inclusion nests of bacteria. These bacteria may be surrounded by cell products of a chronic inflammatory process; such as, cell debris and white blood cells. It is to these so-called nests or inclusion bodies that attention is directed.

The lymphatic glands are likewise subject to these chronic inflammatory changes and, of most importance, also have inclusion nests of bacteria present. In old cases these nests may have a giant cell nodular appearance similar to a tubercle. These nodes may be partially calcified, as is the tubercle in an old arrested case of pulmonary or glandular tuberculosis.

Cell debris may be present in the sinuses. The absence of pus is not of itself proof that there is no infection present. Polyps, mucocoeles, and the various types of epithelioid tumor masses may be present. Small cysts may be found grossly or microscopically in the membrane of the sinuses. In all of these there are demonstrable pathogenic organisms present.

BACTERIOLOGY

Most all known bacteria are to be found in the sinuses of man. The ones of the most frequent occurrence are the various forms of streptococci, staphylococci, pneumococci, colon bacillus and influenza bacillus. In chronic infection there is a predominance of streptococci, and it is these bacteria that are responsible for most of the chest complications occurring with, or, as sequelae to, sinus infection.

Turner and Loew⁷ have described a type of staphylococcus, termed chromogen 6, which they thought was the organism most frequently found in suppurative sinus disease. They found this group of bacteria to have an elective affinity for the mucous membrane of the upper respiratory tract and nasal cavities.

Meyersburg,⁸ et al., describe as the causative organism the fusiform bacillus and spirillum of Vincent, found present in cases of suppurative chronic sinusitis and rhinitis caseosa.

Sewall⁹ states that there is a filterable virus present in rhinosinusitis which activated the common pus-forming bacteria and sensitizes the individual.

ETIOLOGY

Just why one individual out of several that come in contact with the infectious organisms should develop respiratory disease presents the age-old, interesting question. Nearly everything in the realm of medical knowledge has been given as the cause. We recognize many predisposing etiologies such as climatic changes, environment, preëxisting diseases, diet, metabolic changes, and abnormal anatomic and physiologic conditions present.

Price¹⁰ states that degenerative types in Pemhurst State School, because of abnormal vasomotor and endocrine disorders, were much more susceptible to respiratory infection than normal types.

Farmer¹¹ has pointed out that the large amount of histamine released during allergic attacks causes certain organic reactions in the walls of the blood vessels and in the smooth muscles, thus paving the way for infection.

Also, to be mentioned are the change in acid ion concentration and other biochemical changes that take place in the tissues of the infected individual.

The immediate cause of the respiratory infections is, of course, the pus-forming organism. It

has been stated by Sewall,¹² Carmody,¹³ and many others, that recent colds are caused often by acute activation of old remote infections from residual germ-nests in chronically infected sinuses.

Just what is the agent that renders the individual acquiring a respiratory infection susceptible to the invading germs is a question that has not so far been answered satisfactorily, unless we accept the virus activator theory.

Recently there has been a great deal of work done in the study of tuberculosis. Briefly, investigations from many sources have reported that they have found within the tubercle of an individual, who has had or is suffering from tubercular infection, a substance that they have termed tuberculo-protein. This has a definite chemical structure and has been produced by pharmaceutical houses, and it is now available to the profession in the form of a purified protein derivative that is used for tuberculin tests. Tuberculo-protein has been isolated from the calcified nodes of individuals who have arrested cases of tuberculosis. It has been found in lesions anywhere which have been caused by tuberculosis, no matter whether arrested or not. All tubercular tissues contain protein bodies which are given off into the blood stream of the patient.

Persons who have inactive or active tuberculosis have an allergic reaction to tubercular protein. This may be due to the antigenic reaction caused by some of these proteins. Two water soluble proteins have been isolated from the tubercular bacillus, one acting like tuberculin. One other protein has been isolated that is devoid of tuberculin properties.

I would like to submit this purely speculative reasoning: that there are also bacterial proteins given off into the blood stream from inclusion nests and infected membranes containing other pathogenic organisms; that these proteins may act as sensitizing or activating agents; that these proteins may themselves be allergens or, if not true allergens, act as activating agents for other allergens; that the presence of these bacterial proteins in the blood-stream increases the susceptibility of the individual toward new respiratory infections or exacerbation of the old.

There is no definite bacteriologic or biochemic basis to support these contentions. There is, however, a clinical basis for some of this reasoning.

Patients do recover from chronic respiratory infection when the sinuses are drained or infected membranes are removed and autogenous vaccine administered. What exact rôle the vaccine plays is in question. We have learned that autogenous vaccines do contain antigenic substances which are many and complex in form.

Is the benefit from vaccine obtained because of the desensitization that can be attributed to the presence of these antigenic substances in the vaccine?

Little is known at present about the complex chemical structure of the streptococci. It has been determined, however, that some have a carbohydrate, a nucleoprotein that is antigenic and, as far as is known, some inactive elements. Also, in some

streptococci the carbohydrate plus the protein is antigenic, and in some it is not.

It is interesting to question whether or not other protein or carbohydrate bodies from other bacterial sources do act as synergists or activators to the streptococci or cause production of antigenic substances by the germ.

DIAGNOSIS

There is no need to dwell at length upon the usual methods in use by competent rhinologists. Special care should be exercised in securing good x-ray pictures of suspected sinuses. The use of lipiodol is of great help in outlining the contour of the sinuses and demonstrating the filling defects found in the presence of a tumor mass or thickened membrane.

Diagnostic lavage plus culture of the contents will aid in identifying the offending organisms. In this connection I have had best success with a brain blood broth culture. Many varieties of streptococci do not grow well on ordinary media.

Bacterial skin tests are not of much value. The streptococci, with the exception of erythrogenic toxin, do not cause skin reactions usually.

Tuberculin skin tests are of value. A positive test may mean that there are tubercular foci present which are giving off specific allergens into the blood stream.

The history of onset, character of symptoms, amount, kind and frequency of discharge, etc., are of great value in determining the acuteness or chronicity of the disease.

If an allergic basis for the disease is suspected, the various food and other allergic tests should be carried out.

TREATMENT

In acute cases no surgery should be done until the infection has quieted down. Much damage may be done and many complications ensue because of hurried, inopportune surgery. Time must be given for nature to set up defensive barriers before undertaking surgery in the vast majority of cases. There are exceptions, as in cases of acute fulminating empyema of the frontal where drainage cannot be secured by the usual nonsurgical methods.

Sinus surgery in children should be rarely performed. I do not believe in tonsil and adenoid removal during the course of an acute infection. In chronic cases or subacute cases, the tonsils and adenoids are often the site of residual infection and should be completely removed.

It has been stated that people with normal noses do not contract sinus disease. I believe this is essentially correct. Nasal abnormalities should be corrected. It is my opinion that the submucous resection, properly done, is one of our most valuable operations. Many times a seemingly intractable respiratory infection is cleared up by securing proper drainage and aeration of the nasal passages. To be of benefit a submucous resection should remove all the obstruction and not be a button-hole operation. It takes time and great care to do a successful submucous.

When the antra are chronically infected and have thickened membranes or tumor masses present, I believe in thorough removal of these membranes through a sublabial incision. Intranasal openings are not sufficient. In pansinusitis the transantral-ethmoid operation is the one of choice.

I dislike the term radical. We should consider sinus surgery in terms of other surgery. We do not speak of a radical appendectomy or cholecystectomy. When diseased tissue should be removed, it should not be termed a radical operation. Instead, it should be explained as a necessary operation.

I have had some small success in using an autogenous vaccine made from the culture of the tissue removed. The best results have been with vaccine made by the method described by Dimmit¹⁴ for streptococci material. This vaccine presumably contains more antigenic factors than those made from agar cultures. It should be given in very small doses, always keeping below the reaction threshold. This is in accordance with the theory of desensitization. Reaction doses destroy the antiallergic factors developed in the system.

All cases of sinus disease in respiratory infection do not call for surgery. A large percentage of cases will respond to local treatment, tissue shrinking solutions, lavage by Proetz method, or otherwise.

We are all familiar with the necessity of proper climatic conditions, food, correction of general physical defects, etc.

If a given case has a positive tuberculin reaction, antiallergic treatment with "Old Tuberculin," using very small doses, is of benefit.

It is a mistake to assume that any vaccine or protein injection treatment will cure the sinus infection unless proper drainage has been obtained and foci of infection have been removed.

I have not had sufficient experience with the deep therapy treatment of sinus disease to be able to express an opinion as to its benefit. The rays are thought to cause formation and liberation of certain proteins into the system. These act as antigenic substances. This resembles the action of vaccines. How true this is, is a question at this time. Much remains to be done to increase our knowledge of the chemical structure and characteristics of bacterial and tissue proteins.

SUMMARY

Infections of the nasal accessory sinuses are important etiologic factors in respiratory disease. The pathway of extension is by means of the lymph and glandular systems. Are the bacterial proteins, known as allergens, activating agents? Treatment should include restoration of normal breathing space, removal of infected material and supportive measures.

CONCLUSION

The duration of respiratory disease can be shortened by treatment of the infections present in the nose and throat.

A conservative attitude should be held in regard to surgical procedures in children.

Surgery should not be attempted in acute fever stage of nasopharyngeal disease. Surgery, when performed, should be directed toward the removal of all infected tissue.

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PRIMARY REPAIR OF TENDONS*

STUDY OF END-RESULTS IN TWO HUNDRED AND SEVEN CASES

By MARTIN DEBENHAM, M. D.
San Francisco

THE increased incidence of injuries involving severed tendons, in both industrial and automobile accidents, justifies a survey of the whole subject of primary suture of tendons. A second and more important justification is the fact that almost all severed tendons are seen first and usually sutured by general surgeons.

A review of the literature impresses one with the paucity of articles on primary suture, and with the fact that most writers approve of primary suture in only strictly limited cases. Thus, Koch says: "Immediate repair of divided tendons and

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nerves is justifiable if the wound is a clean-cut wound, made by sharp instruments, if the wounded hand is clean, if the cut is sustained indoors, if the first-aid dressing had been sterile, if the patient is seen within a few (four) hours of the time of injury, and if a well-equipped operating room is available for surgical treatment."

Garlock sets twelve hours as his maximum of elapsed time, and is not insistent that the wound be sustained indoors, so long as it is clean.

END-RESULT STUDIES

End-result studies are particularly lacking as a basis of comparison. Garlock reported eighteen cases of primary suture of the flexor tendons of the hand with 56 per cent good results, and ten cases of early secondary suture with 60 per cent good results. He classified tendon operations as follows:

1. Immediate primary, if done within twelve hours.
2. Early secondary, two to six weeks.
3. Late secondary, more than six weeks.

Eisberg, at the Harlem Hospital, New York, reported a series of forty-nine cases with only 10 per cent poor results. Oswald Muller reported 101 cases of primary suture with 66 per cent cure and only 10 per cent poor results. He feels that even in questionable cases it is wise to attempt primary suture, because he claims the results are no worse than in secondary suture, and may be better.

INCIDENCE OF INFECTION

The principal objection of those who advise against primary suture is that it increases the incidence of infection. Here again there are few statistical studies published. Böhler gave no figures, but said, "If statistics were available as to infection after primary suture, the incidence would be high." Garlock cited the danger of infection as a reason for delay, but gave no figures as to the part it played in his poor results. Eisberg got infection in seven out of forty-nine cases. Three of these he claimed eventually had good function without secondary operation.

Koch and Mason, commenting on the danger of infection, said: "To the patient who has sustained an injury with division of tendons and nerves, the greatest immediate danger lies, not in the fact that function of the tendons and nerves has been lost, but that he has sustained an open wound through which virulent bacteria may gain access to the deeper tissues; and in the manipulation and dissection incident to repair of the injured structures these virulent bacteria may be disseminated widely and with disastrous results. . . . Eighty per cent of our cases healed per primam, 10 per cent were infected (moist wound), and 10 per cent had gross infection."

ADHESIONS

Salsbury said, "In the absence of *virulent* infection, tendons seldom fail to unite if carefully sutured; most unsatisfactory results are due to

adhesions." This has been our experience. The impression gained from a study of the reports of careful experimental work by Mason and Shearon, as well as that of many earlier writers, is that the tendon, the sheath, and the surrounding soft tissues all enter into the formation of the scar which finally unites the sutured ends of the tendon. It is inevitable that adhesions occur under such condition.

Nonunion of the Tendon.—Nonunion of the tendon ends is the complication that probably is most feared, but it is least often the cause of a poor result. Many refinements of technique have been suggested to insure union. The placing of the suture in the tendon is important. All agree that it should extend well away from the cut ends, on each side. Kanaval, Humer, and others prefer to have the knots tied adjacent to the tendon rather than between the cut ends, while Bunnell and Lehy employ a suture which brings the knot between the ends. Salomon postulates an "antiheal hormone" in the sheath fluid, and advises removing the sheath and discarding it. It is admitted that the "atraumatic technique" suggested by Bunnell will go far toward insuring union.

OPERATIVE PROCEDURES

No attempt is made here to discuss this subject in detail. Certain general principles are suggested. Preoperative planning begins with a complete diagnosis, including a recognition of nerve injuries.

Because of the cost and ease of administration, local infiltration of novocain is very widely used. Many of these patients are alcoholic, and a strong hypnotic or sedative often suffices. Nerve block is ideal, but often it is difficult to obtain satisfactory anesthesia by this method. When the operative procedure lasts for hours, the surgeon need not feel hurried if a general anesthetic is used.

The use of a tourniquet secures a bloodless field and thus avoids the trauma of sponging and allows better identification of structures. Large bleeders are more easily found when there is no oozing. Harmer, however, feels that interference with the circulation reduces the tissue resistance to infection, and may also lead to postoperative oozing. An admitted disadvantage of the tourniquet is the discomfort it gives the patient if local anesthesia is used. If a tourniquet is used, it should be a pneumatic cuff around the upper arm inflated to 300 milligrams of mercury. In combination with this, an Esmarch bandage or an additional pneumatic cuff around the forearm often will compress the muscle bellies of the involved tendons and force the retracted tendon ends into plain view in the wound.

The type of antiseptic used is a matter of personal choice. Hydrogen peroxide may be used as an aid in "bubbling out" many of the smaller foreign bodies from the depths of a grossly contaminated wound. Because of its penetration, it is thought by some to carry infection into the deeper tissues. The depths of the wound should be lavaged copiously with a gentle stream of normal saline solution. A thoroughly surgical debridement should

remove all devitalized soft tissue before any attempt is made to find the tendon ends.

The proximal cut ends of the tendons are usually the most difficult to find because of the retraction of the muscles. No attempt should be made to pass a clamp blindly up into the tendon sheath. The injury thus done to the sheath and to the mesotendon will be a major factor in postoperative adhesions. Nor should the sheath be opened longitudinally for exposure. This "pernicious longitudinal incision" is the most common cause of "bow-string contractures," especially if infection ensues. Although greatly retracted, the end can be located readily through a small transverse incision into the sheath proximal to the wound. A fine silver wire probe passed up the tendon sheath serves as an excellent guide in making the incision, and provides a means of pulling the tendon back into the wound.

INITIATION OF MOTION AFTER REPAIR

The care of an injured tendon is only begun when the patient leaves the operating room. The problem of postoperative motion involves a balance between the two factors: the strength of the suture line and the formation of adhesions.

Those who advise immediate institution of motion do so because they feel that the development of structure is in response to function. Diering, Barfurth, Rehn, and others, have shown that under the influence of function the nuclei and fibers arranged themselves in rows parallel to the line of the pull, but otherwise remained non-oriented. Rehn further claimed that under the stimulus of function, grafted tissue took on a tendon-like character by metaplasia. Rebbert, however, felt that function plays only a minor part.

Garlock called attention to a general, unfounded feeling among surgeons that "something happens to the suture line between the fifth and ninth days" which makes it unsafe to begin motion until after that time. He has shown that there is a steady increase in the strength of the scar from the first day and that the suture material is of value only during the first three to five days. He further states that because the surgeon cannot gauge the amount of tension, it is unwise to attempt passive motion before the fifteenth day. Active motion within the limits of pain is encouraged by him as early as the fifth day.

These motions need be through only a narrow range and need involve only the distal phalanges of the fingers to prevent adhesions. Meanwhile the wrist joint is immobilized in position to assure adequate relaxation of the tendon to prevent strain on the suture line.

Late initiation of motion must destroy the adhesions which have formed. Its success depends on the strength of the suture line as compared with the adhesions.

AUTHOR'S SERIES

In our series the number of poor results increased in direct proportion to the length of time the tendons were immobilized.

Results According to Site of Injury.

The level at which the tendon is severed is of decided importance in determining the prognosis. The results in our service were precisely those that would have been expected on an anatomic basis.

Laceration of the Flexor Tendon in the Distal Phalanx.

The poorest results were obtained when the flexor profundus tendon was severed in the distal phalanx. This is so because the tendon inserts in the anterior surface of the periosteum of the terminal phalangeal bone soon after the tendon passes beneath its vinculum and distal flexor crease. If it be severed at this level there is but a short stump of distal tendon remaining, and it is fanning out for its attachment. Thus, the technical difficulty of securing end-to-end approximation, with preservation of the normal structural relations, is great.

Laceration of the Flexor Tendon in the Middle Phalanx.

Except where the sublimis slips have their attachment in the anterolateral aspects of the proximal portion of the middle phalangeal bone, the profundus passes through the length of this segment alone. Other factors being equal, it is reasonable to believe that the functional result following repair here should be satisfactory.

Laceration of the Flexor Tendons in the Proximal Phalanx.

End-results in this location are likely to be poor for the following reasons:

1. It is difficult technically to suture the severed, slender, terminal branches of the sublimis in accurate approximation.
2. Occasionally, in inexperienced hands, the suture has included portions of both sublimis and profundus.
3. Adhesions between deep and superficial tendons result, which thereafter permit action of the sublimis only. After flexion of the proximal interphalangeal joint, a "check rein" upon the deep tendon occurs, so that the distal interphalangeal joint may not be flexed. It has been our policy to suture only the profundus tendon in this region, and to excise the terminal slips of the sublimis, thus minimizing the possibility of adhesions.

Laceration of the Flexor Tendons in the Palm.

Although the results following repair of laceration of the tendons in the palm are somewhat better, they may fall short of good function because of the injury and because subsequent repair often results in the loss of the gliding mechanism in that region. The skin, fascia, and fascial septa in the palm are tough structures, fixed at many points and so constructed that there is little or no "give" to them as contrasted to skin and fascia in other regions of the body. Thus, it is the common experience of everyone who has examined hands following the injury under consideration to find a firm, fixed nodule of fibrous tissue palpable at or near the site of injury. This may be felt to bulge or become tense when an attempt is made to flex

the finger. Likewise, the superficial and deep tendons may here, too, become agglutinated and so limit the range of motion of the profunda.

A common and serious injury which may be considered here is that of severance of the flexor pollicis longus in the thenar eminence. This frequently occurs as a result of laceration from broken porcelain water faucets. In turning on the faucet, the "heel" of the hand comes into firm contact with the porcelain. The thumb is flexed for grasping and the tendon consequently is taut. Furthermore, because the thumb is flexed, the point at which the tendon is cut is more proximal than would be the case had the thumb been extended. That is, the tendon has glided distally during flexion, so that any given level on the tendon is further distal, compared with a point on the surface, than it would be with the thumb in extension. Consequently, when the tendon is severed, the retraction of the proximal stump is even greater than it would be because of the contraction of the muscle alone. Since the intrinsic muscles of the thenar eminence are usually macerated at the same time, it is frequently difficult to identify the proximal severed end. Trauma to the delicate synovial sheath may result from instrumental manipulation of the lumen of the sheath during the attempt to grasp the retracted stump. In order to avoid this, we have recently made no attempt to find the retracted end through the original wound. We have a transverse incision over the tendon in the wrist, gently avulsed the tendon through that incision, laid the suture in the tendon end, threaded the loose suture ends up through the sheath on a length of stiff silk-worm, and pulled the tendon through into the original wound. This method may be criticized justly. The tendon receives part of its blood supply through the mesotendon, which may be destroyed in the method just described and thus conceivably healing be impaired.

An important, occasionally overlooked, injury occurring at this same site is the severance of the motor branch of the median nerve, which supplies the opponens muscle of the thumb.

Laceration of the Flexor Tendons in the Wrist.

The best results follow suture of laceration of the flexor tendons in the wrist. This is so because: (1) certain of the flexor tendons here (palmaris longus, flexor carpi radialis, flexor carpi ulnaris) are not essential for good function of the hand, although the reestablishment of their continuity is desirable, and (2) the structures surrounding the tendons in the wrist are more freely movable than those in the palm and fingers.

Laceration of the Extensor Tendons.

Satisfactory function usually follows primary repair of severed extensor tendons for the following reasons:

1. There are no tendon sheaths in this region. Consequently, should infection occur, its results are not likely to be so disastrous (from the standpoint of spread of infection and of subsequent adhesions) as it would be in a region where a synovial space exists.

2. There is little or no retraction of the severed proximal stump.

3. Adhesions about the suture line do not impair the excursion of the tendon because of the structure of the surrounding fibrous tissue which allows a considerable degree of motion without the presence of a "gliding" mechanism.

4. The anatomy of the dorsum of the hand and wrist is not so complex as that of the ventrum, thus simplifying the task of operative repair.

One exception must be mentioned. When the laceration occurs over the dorsum of a joint (especially the metacarpophalangeal joint, which is a common site of injury) stiffness may result.

490 Post Street.

Possible Toll from Mix-Up of Drugs Continues to Mount.—The possible toll from the use of contaminated sulfathiazole tablets appears to be increasing and some seventeen deaths already have been reported which may have been attributable to the use of the contaminated tablets, *The Journal of the American Medical Association* points out in a comment which says:

"From various portions of the United States, records continue to accumulate of human beings who suffered either death or injury from the use of the tablets of sulfathiazole which were contaminated with phenobarbital and which were manufactured by the Winthrop Chemical Company and distributed with the series designation MP and a subsequent figure.

"In its latest warning to hospitals and to the medical profession, the Winthrop Chemical Company says:

"Please examine the mark on every package of our sulfathiazole tablets and return to us immediately for exchange any package marked with the letters MP. If you have dispensed tablets from bottles bearing these control letters, will you kindly endeavor to recover all such tablets which have not been consumed.

"The communities from which have come reports of some seventeen deaths which may have been attributable to the use of contaminated tablets include Allentown, Pa.; Lincoln, Neb.; Farmington, Mo.; Norristown, Pa.; Worcester, Mass.; Palmerton, Pa.; Edenton, N. C.; New Orleans; Louisville; Philadelphia; Tyler, Texas; and Clear Field, Pa. Report of injuries come from a widely distributed series of communities, including primarily places in Massachusetts, Pennsylvania, Kentucky, and Missouri.

"Obviously, it is difficult for a physician to determine whether or not deaths resulting from severe cases of pneumonia or similar serious infections were primarily due to the contaminated drug or to the severity of the condition. For that very reason the American Medical Association, through its Council on Pharmacy and Chemistry, is endeavoring to secure actual case histories of incidents in which fatality occurred so that from an analysis of the group as a whole it may be possible to determine more definitely the part played by the contamination in the symptomatology that developed in these patients.

"No doubt the Food and Drug Administration, which has already issued an official statement on the subject and which has stimulated a great number of inspectors to make first-hand studies of such cases and to secure the return of all of the drug still extant, will eventually make available its own official report on this incident.

"At this time, again every physician is warned to make at once a personal investigation of all sulfathiazole, Winthrop, which he has on hand or which he may have prescribed for his own patients since December, with a view to securing any of the material labeled with the MP designation and returning that, preferably, to the Food and Drug Administration officials for their study."

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

HENRY S. ROGERS, M.D. President
WILLIAM R. MOLONY, SR., M.D. President-Elect
LOWELL S. GOIN, M.D. Speaker
PHILIP K. GILMAN, M.D. Council Chairman
GEORGE H. KRESS, M.D. Sec'y-Treas. and Editor
JOHN HUNTON. Executive Secretary

INDEX

1. *Seventieth Annual Session.*
2. *Committee on Medical Preparedness.*
3. *Committee on Public Policy and Legislation.*
4. *Committee on Postgraduate Activities.*
5. *Committee on Public Health Education.*
6. *County Societies.*
7. *In Memoriam.*
8. *Woman's Auxiliary.*
9. *California Physicians' Service.*

SEVENTIETH ANNUAL SESSION

California Medical Association Press Comments

The May issue of CALIFORNIA AND WESTERN MEDICINE being in press at the time of this year's annual session (May 5-8, 1941), it is possible to give only brief mention of the proceedings. For members of the California Medical Association who may or may not have been present, the excerpts from reports appearing in the newspapers, and here arranged day by day, may be of interest. In the June issue of the OFFICIAL JOURNAL will appear the address of Retiring President Harry H. Wilson, the minutes of the meetings of the House of Delegates and Council, and other information. Many members in attendance were pleased to state that this year's meeting measured up with the best of former years. Press excerpts follow.

SUNDAY, MAY 4, REPORTS

Doctors to Discuss Military Ailments

State Medical Association Opens Convention at Del Monte

Del Monte, May 3.—California doctors, an estimated 1,500 of them, gathered here once again today to talk over the latest advances in medicine and lay down policies of their profession for another year.

It is the seventieth annual convention of the California Medical Association, which opens officially tomorrow, but actually began today with a series of scientific discussions by special groups within the Association.

Indicative of the changing problems that a changing world forces on the medical profession, the doctors have set aside a considerable part of their five-day program for military medicine. They will hear expert discussion on such special subjects as the physical stresses created by high altitude flying, the psychological problems that present themselves in a military camp, the treatment of war wounds and physical examinations by draft board doctors.

And, keeping up with the dizzy tempo of defense industries and ordinary living itself, the doctors will give considerable time on their programs to industrial medicine and to neuropsychiatry.

† For complete roster of officers, see advertising pages 2, 4, and 6.

For the remainder, the doctors will continue to battle against their old standby enemies—cancer, heart disease, tuberculosis, new operative problems, syphilis.

Affiliated groups holding scientific discussions today were the California Heart Association, California Cancer Commission, and Western Association of Industrial Physicians and Surgeons.—San Francisco *Examiner*, Sunday, May 4, 1941.

MONDAY, MAY 5, REPORTS

Doctors' Defense Role Told at Meet

Doctor Wilbur Urges Mobilization to Meet Emergency Needs

Del Monte, May 5.—An appeal for doctors throughout the nation to mobilize for their rôle in national defense was issued by Dr. Ray Lyman Wilbur of Stanford University at today's opening session of the California Medical Association convention.

More than 1,500 doctors from all parts of the nation were present to attend the meet, regarded as one of the most vital in the organization's history in view of the pressing public demands for socialized medicine and the growing demands of national defense.

Doctor Wilbur, president of the California Physicians' Service, organized in 1939 as the medical profession's answer to demands for widespread, inexpensive medical care, also reported on the progress of that association, heralding it as a "complete success and now over the hump."

Population Shifts

Shifting population, due to the national defense "step-up," was described by Doctor Wilbur as providing the medical profession with its greatest problem.

"Thousands of men throughout the country are going to army camps, and many of their families are following them to nearby communities," Doctor Wilbur said.

"These shifts, plus the influx of workers to industrial areas to work on defense jobs, mean that thousands will be seeking their medical attention from doctors hitherto unknown to them.

'Under-Doctored'

"This, plus the fact that many medical men are going into the service, means that certain areas will be under-doctored."

Without making definite recommendations, Doctor Wilbur urged that a study be made to provide for pooling medical services in congested national defense areas.

This tied in with a proposal by Dr. C. A. Dukes of Oakland, made at last night's session of the Western Association of Industrial Physicians and Surgeons.

Training Limited

Pointing out that there was no time to train new medical men in the care of industrial cases, now rapidly on the increase due to defense industries, Doctor Dukes urged that the work be more widely spread among doctors in each area.

"This could be accomplished by taking men especially trained for this work, and placing them as 'area supervisors' to facilitate the induction of the average practitioner into industrial medicine," Doctor Dukes said.

Doctor Dukes said there are no new industrial hazards, but a great many more cases of the old ones, due to untrained workers going into the defense industries.

Service Success

Discussing the California Physicians' Service at general session, Doctor Wilbur revealed that it is financially "over the hump," as far as operating costs are concerned, and that medically the results have been gratifying.

No hardships have been worked on any doctors, financially or in the matter of time involved, he said.

During the first year of operation, twenty-six cases of cancer were treated. Under average medical conditions, these cases, which were handled for the routine payment of \$2.50 monthly dues per patient, would never have had medical care, he declared.

Their cost under ordinary procedure would have amounted to at least \$6,000, he said.

Enrollment Up

More than 1,600 new patient-members are joining the Physicians' Service monthly, according to Dr. Albert E. Larsen, secretary of the group.

There are at present 27,000 members and about 5,300 doctors, with more than half the total in each group in northern California.

Dr. Harry H. Wilson of Los Angeles, president of the Association, presided at the opening session, which included as speakers, Dr. Robert Loeb, Columbia University; Dr. John H. Musser, Tulane University; and Dr. Waltman Walters of Mayo Clinic, Rochester, Minnesota.

General meetings will be held each morning through Thursday, with scientific sections in the afternoons. Medical films and exhibits will be operated throughout the convention, and 173 papers on scientific subjects have been prepared for presentation.

More Called

"Military medicine is all-important today," Doctor Wilson pointed out. "Already more than 300 California doctors of medicine have been called into active service with the army, navy, and marine corps. . . .

"California will be ready to meet whatever call for physicians the Government may make."—San Francisco *Call-Bulletin*, Monday, May 5.



Medical Meet: 1,200 Open Convention Tomorrow

Del Monte, May 4.—The progress and discoveries of medical science during the past year will be brought into sharp relief before 1,200 physicians here tomorrow in opening meetings of the seventieth annual session of the California State Medical Association, May 5 to 8.

For four days the medical brains of the state will pool the results of experience and research in order to maintain the science of medicine on its march for humanity.

Pathologists, radiologists, general physicians and surgeons, obstetricians, gynecologists, dermatologists, neuropsychiatrists, bacteriologists, pediatricians, urologists, and multitudinous other specialists will meet in general session in the mornings and hold sectional meetings during the afternoons.

When the convention is over, the material will be compiled in classified form and circulated throughout the profession, bringing new light to thousands of doctors all over the nation.

In addition, thirty scientific displays have been set up about the Del Monte Hotel, each one tended by an expert, who will explain the exhibit to delegates and guests.

First general session will be held tomorrow morning at nine o'clock, with Charles A. Duke, past president of the Association, and President Harry H. Wilson presiding.

Opening Address

President James McPharlin of the Monterey County Medical Society will deliver the welcoming address.

Highlight of the session will be President Wilson's address. Dr. Ray Lyman Wilbur, president of Stanford University, also will speak.

Section meetings will be held in the afternoon, and the House of Delegates will hold their first meeting in the evening. . . .—San Francisco *Chronicle*, Monday, May 5.



Doctors Meet at Del Monte

Start Work Before Convention Opens

Del Monte, May 5.—In their own very special way, the doctors have one whale of a time at a convention.

Today was supposed to be the first day of the California Medical Association's seventieth annual convention, but the doctors couldn't wait. So yesterday, they whipped out their microscopes and shadow boxes and began squinting at sections of tumors, and microphotographs of cancer cells.

Today the regular opening session convened under the chairmanship of Dr. Harry H. Wilson of Los Angeles, Association president. Approximately 1,200 doctors were in attendance. . . .—San Francisco *News*, Monday, May 5.

TUESDAY, MAY 6, REPORTS Medical Association

"Doctors Responsible for Survival of Civilization"

Del Monte, May 5.—"Can we take it?"

That was the question put to 1,200 members of the California Medical Association today by their president, Dr.

Harry H. Wilson of Los Angeles, during the first general meeting of the Association's seventieth annual session here.

"The medical profession is charged with the task of proving civilization is not failing," Doctor Wilson declared. "We must remain civilized even if our worst fears are realized." . . .

Doctor's Responsibility

The responsibility of the doctor of medicine, Doctor Wilson said, "is to be educated, adult-minded, stabilized, and public-minded."

Dr. Ray Lyman Wilbur, president of Stanford University, addressed the assembly on the California Physicians' Service and turned over a \$2,000 check to President Wilson as a token payment on the original funds advanced for the Service in 1939 by the Association. . . .—San Francisco *Chronicle*, May 6.



Draft of Medical Students Scored

Del Monte, May 6.—The real front line trenches of modern warfare, where medicine may be called upon for its greatest service, are not on the battlefields where great armies clash, but in the congested cities behind the lines. Dr. Philip K. Gilman of San Francisco, an outstanding figure at the California Medical Association convention here, said today.

"London is the real front line in Europe today," Doctor Gilman said.

"It is an outstanding example of the need for having a large force of doctors far behind the battlefields."

Doctor Gilman declared that any policy of national defense that would tend to cut down the number of physicians available, such as drafting of medical students, would dangerously imperil the safety of civilians in time of war.

More Needed

"It is a fact that the army must have more and more doctors," he said.

"They require 8,000 a year right now, just for preparedness. If we actually get into war, the army's needs will be vastly greater.

"This adds up to one conclusion. Every effort must be made to keep medical students in school to fill the gaps left by physicians entering military service."

Dr. Harry H. Wilson of Los Angeles, retiring president of the Medical Association, declared in favor of draft exemption for all premedical students, but said the Administration in Washington apparently was fearful of making such a ruling for fear of pressure from other groups, which might also seek exemptions.

Only Best Picked

Dr. John H. Musser of Tulane University, who came by plane from New Orleans to conduct a clinical session today, criticized last week's War Department ruling that premedical students could be draft exempted when, in the opinion of their draft boards, they gave indications of developing into good doctors.

"Any student accepted in a medical course should be considered a good prospect for the medical profession, and automatically exempted," Doctor Musser declared, "for the simple reason that only the cream of all the applicants for medical studies are accepted by the schools themselves.

"At Tulane University last year, we had 930 applicants for the study of medicine, yet selected only the 130 who seemed most promising."

Doctor Musser felt, however, that medical students exempted from draft duty should pledge to take their one year's military training after graduation.

Doctor Musser also declared that some of the reasons for draft rejection "seem rather silly."

"I'd rather have a flat-footed soldier who could think than one who was a perfect physical specimen, but who might be emotionally flighty, unstable under difficulties, or bordering on being a psychopathic case, he said.

War Wounds Different

Doctor Gilman, who said that medicine's greatest advance in recent years has been in the fields of chemistry and preventive medicine, rather than the mechanics of the profession, pointed out the differences between war wounds of the present day and those of the last World War.

"In those days of trench warfare, the majority of injuries were in the front of the body, from the waist up.

"In this war, with its terrible bombings, most of the wounds are in the back and buttocks, due to soldiers and

civilians throwing themselves prone to avoid being struck by scattering bomb fragments," he said.—San Francisco *Call-Bulletin*, May 6.

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State Heart Group Names San Francisco Man Vice-President

Del Monte, May 6.—Dr. Howard F. West of Los Angeles and Dr. Harold Rosenbloom of San Francisco were elected president and vice-president, respectively, of the California Heart Association for the coming year at the group's annual convention here.

New executive board members include Dr. Eugene Kilgore, San Francisco, and Dr. William Leake, Los Angeles.—San Francisco *Call-Bulletin*, May 6.

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Attack Army Camp Diseases

Del Monte, May 6.—Activities of the State Department of Public Health in repressing prostitution near army camps, and in preventing spread of disease in rapidly congesting industrial areas, have more than doubled in the past six months under the national defense program, it was revealed here today by Dr. A. Elmer Belt, president of the department.

Here to attend general sessions of the convention of the California Medical Association, Doctor Belt appealed to physicians in private practice, as a "matter of patriotism," to cooperate more closely with the health department, in view of "increasing dangers."

Prostitution near army camps now is under orders of the Secretary of War and Surgeon-General of the Army to be "repressed," Doctor Belt pointed out.

Attack Prostitution

"Health of the army is getting more attention than ever before," Doctor Belt declared.

"We are putting down prostitution in areas near army camps wherever the local authorities will cooperate with us.

"While some of them, for political and greedy reasons, have not cooperated, in other areas we have had great success."

Doctor Belt praised a bill pending in Congress which would give army authorities the right to declare "out of bounds" any community whose officials refuse to cooperate in controlling the vice traffic. . . .—San Francisco *Call-Bulletin*, May 6.

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New Uses of Sulfa Revealed at State Medical Meeting Interest Centers on "Miracle Drug"

Doctors in Half-Dozen Fields Hail Promise of Further Benefits

Del Monte, May 5.—Those amazing sulfonamides, the new drug family that has captured the center of American medical gatherings for two years, stole this one today, too.

Doctors in a half-dozen fields of medical practice told their associates, gathered here in the California Medical Association convention, that there is great promise in sulfa compounds so new they are not on the market.

And they related that the known sulfonamides, which earned the name of "miracle drug" after their successes against pneumonia, childbed fever, meningitis and a whole series of man-killing germs, now are proving of great worth in specific afflictions of the eye, ear, nose, and throat.

Health Guard

The doctors turned to new conquests of the sulfonamides after hearing at their opening session that the California Physicians' Service—the system of prepaid medical care which they set up as their answer to the challenge of socialized medicine—has grown rapidly in its first year of operation.

Sulfanilamide, the granddaddy of the sulfa family, first established the place in medicine of the new drugs by its dramatic effectiveness against childbed fever.

American Product

Now sulfathiazole, an American product, has proved in most cases to be more potent and less toxic than either of its relatives.—San Francisco *Examiner*, May 6.

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California Physicians' Service

First Year Shows Big Growth in Medical Service

Doctors' Answer to Socialized Systems Reports 27,000 Beneficiary Members in State

Del Monte, May 5.—A frank air of elation characterized reports to the California Medical Association today on the

first year's operation of the California Physicians' Service—organized medicine's answer to the threat of socialized medicine.

Set up by the Association only a year ago, California Physicians' Service has 27,000 beneficiary members or clients and 5,300 participating doctors, reported Dr. Albert E. Larsen of San Francisco, secretary of the service.

Fifty Thousand Prediction

He confidently predicted that the present rate of growth will continue and the service will be reaching 50,000 Californians this time next year.

"This was a very daring thing for the medical profession even to attempt—and the record for the year speaks for itself," Doctor Larsen said.

A prepaid medical service plan, the Physicians' Service differs from various socialized medical systems, says the Association, in that it preserves the patient's choice of doctor, treats all instead of limited types of illness and maintains the essential principles of private medical practice.

Warned Against Speed

So rapid was the growth of the Service that Dr. Ray Lyman Wilbur, president of Stanford University and head of the Service's board of trustees, warned against growing "too fast."

"We want the doctors and not the legislators to settle the problems of medical care," he said, as he returned to the Association \$2,000 of the sum it had advanced to start the Service.

Dr. Dwight H. Murray, Napa, declared the progress of California Physicians' Service was responsible for the tabling of the State Health Insurance Bill in the Legislature. John M. Pratt, Chicago, former publisher, who is handling the national fight for the "National Physicians' Committee for Extension of Medical Service," described the California Physicians' Service as "the most encouraging thing I've seen anywhere in the country."—San Francisco *Examiner*, May 6.

WEDNESDAY, MAY 7, REPORTS

Drop in Disease Rate Traced to State Control

Del Monte, May 6.—A "striking" decrease of 42.7 per cent in the number of early syphilis cases in California was reported to the California Medical Association here today.

Attributing the decrease to the state's syphilis control program, now in its fifth year, Doctor Malcolm H. Merrill of the State Department of Public Health said that, of 98,789 men examined by doctors of California draft boards, 2,907, or 2.95 per cent showed positive tests.

He reported that premarital and selective service regulations have increased to 300,000 yearly the number of tests made, with an annual discovery of 6,000 cases. . . .—San Francisco *Examiner*, May 7.

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Visiting Doctors Give Diagnoses at Del Monte

Del Monte, May 6.—Two distinguished doctors showed the talent that made them distinguished at a serious "game" played by the California Medical Association today.

It was what the doctors call a "clinical-pathological conference." The visiting doctors—John H. Musser of Tulane Medical School, New Orleans, and Robert F. Loeb, Columbia Medical School, New York—were presented case histories on two rare maladies and asked to diagnose.

Doctor Musser diagnosed his case as "dissecting aneurism," an affliction in which a pocket forms in the blood stream. Doctor Loeb diagnosed the second case as "Cushing's syndrome associated with basophilic adenoma," a rare type of tumor.

Dr. Alvin J. Cox of Stanford Medical School confirmed both diagnoses.—San Francisco *Examiner*, May 7.

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Medical Progress Convention Topic

Plaster of Paris for War Wounds; Steel and Electricity Used

Del Monte, May 6.—California's men of medicine heard today how three common articles of human use—plaster of Paris, stainless steel, and an electric current—have been put to work in new ways by medical science.

It was a day set aside by the California Medical Association convention for every doctor to follow his own specialty, and the 1,500 delegates talked about everything from the latest trick of allergy's antigens to the peculiar problems in keeping an athlete at top form.

But the three familiar articles, which have a thousand uses unconnected with medicine, held the center of attention. . . .

Tomorrow the doctors again will break up into a dozen sections to talk about new things in many fields of medicine.

Business Session

Tomorrow night they will hold their principal business meeting, when Dr. Henry S. Rogers of Petaluma will be seated as new president, replacing Dr. H. H. Wilson of Los Angeles. Doctors also will vote on a series of constitutional amendments. . . .

Thursday has been set aside almost entirely for military medicine. But the subject continued to force its way into almost every program.—San Francisco *Examiner*, May 6.

THURSDAY, MAY 8, REPORTS

State Medical Society

New Chief Takes Office

Del Monte, May 7.—Dr. Henry S. Rogers of Petaluma assumed the presidency of the California Medical Association here today, succeeding Dr. Harry H. Wilson of Los Angeles.

The change of office marked the third day of the Association's four-day seventieth annual session at the Hotel Del Monte. Doctor Rogers left his dual position of president-elect and vice-president to head the Association, an automatic procedure.

Elected to fill his previous post was Dr. William R. Molony of Los Angeles, former president of both the State Board of Medical Examiners and the Los Angeles County Medical Association.

Doctor Rogers is a well-known eye, ear, nose, and throat specialist of northern California and has been active in the Association as a councilman for the past nineteen years. He served two years with the United States Army Medical Corps during the first World War.

Doctor Wilson was tendered a president's dinner last night, and today was presented with a past president's certificate before turning his office over to Doctor Rogers.

Later the House of Delegates met to consider eight proposed amendments to the Association and thirteen resolutions.

Dr. Philip K. Gilman of San Francisco, member of the American Medical Association's Committee on Medical Preparedness and counselor-at-large for the California Medical Association, was returned to office.

It was anticipated that Dr. George H. Kress would be returned to his present office of secretary-treasurer and editor of the State Association's Journal.—San Francisco *Chronicle*, May 8.

Medics Told United States Is Facing Emergency

Del Monte, May 8.—The great dual task facing American medicine today, far beyond the needs of the World War, is to prepare, without delay, for possible wartime emergency in the field without neglecting the "home front," Dr. Philip K. Gilman of San Francisco told more than 1,500 doctors today at the final general session of the California Medical Association convention.

The "home front," he said, may be just as real as any far-flung battle line if the United States happens to enter the present conflict. In this connection he cited the growing lists of civilian casualties caused by bombings in Europe.

Training for 75,000

"Long-range bombers have widened the field that must be protected by medical care in modern warfare," Doctor Gilman said.

This has made necessary the immediate training of 75,000 additional public health nurses, three times as many as are now available.

The preparedness program already has shown the glaring need for more and more doctors, Doctor Gilman declared.

"If we get into war the requirements will be even greater, immediately," he added.

He said the future may find a shortage of medical men unless medical students are exempted from the draft. In this, he joined the appeal made two days ago by Dr. John Musser of Tulane University, who argued that all pre-medical students should be exempted long enough to finish their studies.

Shortage Threat

The acuteness of the threatened shortage already has been recognized by the army, the speaker said, pointing out that the age limits for military physicians, in certain classifications, recently were raised above the 35-year mark.

As state chairman of medical preparedness, one of Doctor Gilman's tasks is to staff the six huge hospitals still under construction at military training bases in California—at Fort Ord, Nacimlento, San Luis Obispo, March Field, Torrey Pines, and Santa Barbara.

Of the 288 medicos required, many are being drawn from reserve ranks, with others being induced to join the reserves for this year's military service.

He praised a questionnaire circulated by the American Medical Association, cataloguing all doctors in the nation for the convenience of the army, navy, and public health service.

Facilitation Seen

"Placements in time of emergency will thus be facilitated, and we won't be so apt to have madhouse, haphazard selection as we did in the last war, when entire counties were left without medical care," Doctor Gilman said.

Special problems of military medicine are being studied by western doctors, it was disclosed. These deal with better methods of treating war wounds, problems of aviation medicine, and the most modern usages of recently discovered chemicals in the treatment and prevention of disease.—San Francisco *Call-Bulletin*, May 8.

"Blackouts" in Pilots' Dives Curbed

Del Monte, May 8.—Perfection of a revolutionary device to eliminate "blackouts" of consciousness often suffered by army and navy pilots, especially in dive bombing, was disclosed to physicians attending the California Medical Association conclave here today by Captain Robert G. Davis, Navy Medical Corps, at a session devoted to military medicine.

The gadget, consisting of an inflation belt covering the entire front of the body, from the pelvis to above the diaphragm, is expected greatly to increase safety in this difficult war maneuver, as well as make it more effective.

The "blackouts," or faints, Captain Davis explained, are caused by sudden turns in maneuvers, or by the physiological changes caused by a sudden increase in flying speed, from 200 to approximately 600 miles per hour, during a dive.

Blood Quits Head

When the speed is so rapidly accelerated there is a tendency for the blood to leave the head and "pool" in the abdomen.

The new safety device, invented by Commander John Poppen of the navy, can be inflated before diving, the air pressure in the belt being so great it presses tightly against the forepart of the body, preventing the customary sudden inflow of blood.

Large scale manufacture of the belts for the navy and army was forecast by Captain Davis.

Stresses Opportunity

Another speaker at the military symposium was Captain E. U. Reed, Twelfth Naval District chief medical officer. He stressed the opportunities for men of medicine in military service, pointing out that 720 medical officers can be immediately placed in commissions in the navy.

He made a special appeal for specialists in pathology, surgery, roentgenology, urology, orthopedics, psychiatry, ophthalmology, and otolaryngology.

Other speakers included Dr. Charles A. Dukes of Oakland, member of the National Committee on Medical Preparedness; Lieutenant-Colonel John Schaefer, Army Medical Corps; and Lieutenant-Colonel Bert Thomas, chief of the medical division of the California Selective Service.—San Francisco *Call-Bulletin*, May 8.

Board Service Wage Tabled

Critics of Resolution Foresee Public Reaction

Del Monte, May 8 (UP).—The California Medical Association today refused to initiate the controversial subject of payment to physicians serving voluntarily on local draft boards.

The House of Delegates rejected a resolution which recommended that the Governor and Selective Service officials be petitioned to compensate physicians for their draft board services without specifying a specific amount. The resolution thus went back to the Executive Council which in effect tabled it until a future date.

Speakers brought to the attention of the 1,500 members that other local board members are serving without pay, and a move by physicians to win compensation undoubtedly would result in unfavorable publicity.

Doctor Rogers Installed

Dr. Henry S. Rogers of Petaluma was installed as president of the California Medical Association, succeeding Dr.

Harry H. Wilson of Los Angeles, and Dr. William R. Molony, Los Angeles, was elected president-elect. He will succeed Doctor Rogers automatically in the presidency in 1942.

Doctor Molony is former president of the State Board of Medical Examiners and of the Los Angeles County Medical Association.

The Association agreed to meet again in Del Monte in 1942. . . —San Francisco News, May 8.

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War News Affects Glands, Medical Convention Told

Study of Thyroids, Adrenals, Topic at Del Monte; New Progress in Remedy Reported

Del Monte, May 7.—California doctors today turned their attention to those glands that act as the mysterious spark-plugs of the human body, reporting new advances both in understanding and treatment.

They devoted most of the California Medical Association's third day to the adrenals and the thyroid—subjects particularly apt, program chairmen pointed out, because war news is causing upsets of these tiny organs in much of the population.

Officers Elected

Their day of medical meetings ended, the doctors turned to business affairs and last night elected as 1942-1943 president Dr. William R. Molony, Sr., of Los Angeles, former president of the State Board of Medical Examiners.

Dr. Philip K. Gilman of San Francisco was reelected councilor at large; Dr. L. R. Chandler, dean of Stanford Medical School, was chosen alternate to the national convention, replacing Dr. Robert S. Stone, retiring, and Dr. Frank R. Makinson of Oakland was elected Seventh District councilor.

Tomorrow the Association's Council, the governing body, is expected to reelect Dr. George H. Kress of San Francisco as secretary-treasurer and editor of CALIFORNIA AND WESTERN MEDICINE. Doctor Gilman will be urged to accept chairmanship of the Council for another year, even though there is a possibility that the naval medical unit which he heads will be called to service within the year.

Tomorrow's general sessions will be concerned entirely with military medicine. Speakers are on hand from the army, navy, and state draft headquarters.

Session Harmony

As the convention neared its close, doctors commented on the usual harmony that has prevailed.

"I don't think the doctors have ever been so close together as now," said Doctor Gilman. "I guess we realize that if we don't hang together, state-controlled medicine will hang us separately."

With minor revisions in fee schedules by the trustees of California Physicians' Service—the Association's prepaid medical plan answering the threat of socialized medicine—the last bone of contention in the convention was removed. A vote of confidence in California Physicians' Service was expected.—San Francisco Examiner, May 8.

FRIDAY, MAY 9, REPORTS

Doctors Study Plan to Help Draftees

Del Monte, May 9.—A revolutionary new plan for selection of draftees, permitting their final acceptance or rejection a month before actual induction dates, was being discussed here today as members of the California Medical Association prepared to return home after one of the most successful conventions in the group's history.

Safeguard Jobs

Revealed by Lieutenant-Colonel Bert S. Thomas, chief of the medical division of the State Selective Service System, the plan would safeguard against needless sacrifice of jobs or professions by draftees who, under the present setup, must give up their connections before reporting to the army for induction.

Many Lose Posts

In many cases—about 2,000 in California, so far—men called for military service have been rejected later by army examiners as unfit. With their jobs and holdings relinquished, they have had to start all over again.

Colonel Thomas said the new plan is being tried during May in Pennsylvania.

If it proves beneficial, presumably it will be extended to all other states at once.

Colonel Thomas explained the plan as follows:

A draftee undergoes the customary physical checkup.

Then, instead of being told to report for induction into the army on a certain date, prior to which he severs his

civilian connections, he is sent before the induction board medical examiners a full month early.

Californians Healthy

After that examination he knows positively whether he is to be accepted. If rejected, his job has not been sacrificed.

Colonel Thomas disclosed that draftees in California are showing a far higher degree of health than in eastern states, where rejections average 10 per cent. In California the rate is about 6 per cent.

All of the state's prospective draftees will be tentatively classified within sixty days, he said, under the recent War Department order to immediately send questionnaires to all men registered.

By the end of an additional thirty days, he expects, all will have been physically examined and classified.

Great Opportunity

He pointed out that the selective service system gives American doctors the "greatest opportunity in history to improve the health of a great nation."

"Just think what it will mean to the nation's future health if the doctors, who now have the opportunity to examine every man between twenty-one and thirty-five, will sincerely report their findings of communicable diseases," he said.

Draft board doctors came in for further attention, under two proposals. One, made by the California Medical Association Council, was that the American Medical Association convention at Cleveland in June study the possibility of paying the physicians. The second, urging draft board medicos to "bend a little" to cooperate with induction center physicians, was voiced by Lieutenant-Colonel Bert S. Thomas of state draft headquarters.

The action on the pay problem followed refusal of the Association's House of Delegates to pass resolutions favoring compensation for draft board doctors. . . —San Francisco Call-Bulletin, May 9.

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Medical Defense Problems Studied at Del Monte Meet

Army Officer Charges Selfish Malingering by Young Doctors to Escape Military Service; Session Ends

Del Monte, May 8.—California doctors ended their annual convention in a sharply critical mood today, with both civilian and military physicians charging that military medicine is a dangerously weak spot in the national defense picture.

The attacks came at a final session of the California Medical Association that was devoted exclusively to military medicine, with doctors speaking from the Army, Navy, and Naval Aviation National Committee on Medical Preparedness and Draft Administration.

High spots were:

1. Lieutenant-Colonel John H. Schaefer, Medical Corps officer attached to the Ninth Corps Area at San Francisco, struck out at young doctors, whom he accused of selfish malingering to escape military service.

2. Dr. Charles A. Dukes of Oakland, member of the National Committee on Military Preparedness, asserted the nation's armed forces face a shortage of doctors despite recent changes in draft regulations.

3. On the heels of the refusal of the Association's House of Delegates last night to pass resolutions favoring compensation for draft board doctors, the Council of the Association voted this morning to ask study of the pay problem at the American Medical Association convention at Cleveland in June.

4. In an apparent effort to quiet discontent among draft board doctors who pass draftees only to have them rejected at induction centers, Lieutenant-Colonel Bert S. Thomas of state draft headquarters urged the doctors to "bend a bit" for the general good.

5. Relieving the general gloom somewhat was a disclosure by Dr. Robert G. Davis, Captain of the Navy Medical Corps, that the navy is in quantity production on a device that successfully combats the dangerous "blackout" of combat flying.

Sixteen Thousand Doctors a Year

Before leaving for home, members of the Association's Council reelected Dr. Philip K. Gilman of San Francisco as chairman of the Council; Dr. George H. Kress of San Francisco as secretary-treasurer of the Association; John Hunter of San Francisco as executive secretary; and Hartley Peart as general counsel. Del Monte was given next year's convention again.

Colonel Schaefer opened his unexpectedly frank talk by declaring an army of 2,500,000 men is in prospect, that such an army would mean 16,000 new doctors a year, and that no such number of doctors is in prospect now.

Emphasizing the feared shortage of military physicians, Doctor Dukes said that schools graduate only 5,200 yearly, and that not more than 3,500 of them are eligible for service. Even if there is not the expanded army predicted by Colonel Schaefer, the army will need 9,000 new doctors a year, he said.

"Honest Differences"

During debate at last night's session on proposals to seek payment for draft board doctors now working on a voluntary basis, Dr. H. R. Madeley of Vallejo had charged that some induction station doctors are trying to make draft board doctors look inadequate "for reasons I don't know."

Colonel Thomas, chief of the medical division of State Draft Headquarters, said many of these difficulties grew out of honest differences of opinion among doctors, and said the situation is being remedied rapidly.

"Bend a bit to acceptable policies that benefits all," he urged.

Captain Davis, executive officer at the Mare Island Hospital, former chief of staff aboard the airplane carrier *Saratoga* and former chief of staff at Pensacola, said the navy's antiblackout device has proved itself in two years of tests.

The blackout causes momentary unconsciousness in combat flyers during steep dives and turns. It occurs because blood is pulled from the brain to the abdominal region by gravity.

The seriousness of the problem grows out of the fact that blackouts usually begin at 200 miles an hour in a steep turn, while modern combat planes must fly at 400 or more miles an hour.

Rubber Jacket

The navy's device, developed by Commander J. R. Poppen of the Navy Medical Corps, is a hollow rubber jacket that fits snugly about the abdominal region from hips to shoulders. A tube leads from it to a tank of compressed oxygen.

When the flyer enters combat he opens the tube manually and the belt fills instantly, becoming the equivalent of a tightly laced corset that prevents the flow of blood to the middle regions, the belt can be emptied rapidly.

Captain E. U. Reed, medical officer attached to the Twelfth Naval District of San Francisco, told the convention the navy needs a small number of additional specialists in virtually all fields of medicine and surgery, together with technicians in enlisted ratings.—*San Francisco Examiner*, May 9.

Draft Menaces United States Supply of Doctors

Del Monte, May 8.—The seventieth annual session of the California Medical Association closed here today on a somber note—a note with overtones of an impending crisis within the profession and of sharp criticism directed at a "small but far too numerous" group of draft-age doctors.

Speaking at a general session on military medicine, members of the Association and military medicos drew attention to an impending shortage of doctors throughout the country under present terms of the Selective Service Act, and to attempts by some young doctors to evade the call to service.

Dr. Charles A. Dukes of San Francisco and Dr. Lieutenant-Colonel John H. Schaefer, Ninth Corps Area surgeon, outlined the "dearth of doctors" faced by the armed forces and civilian population of the country unless medical students are deferred to allow them to finish their studies.

"The necessity of deferment is apparent when you realize under present plans the armed forces will need 900 new doctors a year as against the country's annual crop of only 5,200 doctors," Doctor Dukes said.

3,500 Doctors Eligible a Year

Of the 5,200 new doctors, it is quite likely only about 3,500 will be eligible for draft service, the doctor declared. Marriage, physical defects and dependencies would remove a great many from the eligible list.

Colonel Schaefer said the army at present has only 1,200 "regular" doctors in the Medical Corps.

"We need 7,900 Medical Reserve officers," he declared. "And if we are to meet the requirements of the act as it now reads, we will need not less than 7,900 new doctors every year for the next four years."

"If the medical profession is capable of increasing its output of new doctors to 7,900 a year, I'd like to know how," he added.

Colonel Schaefer said there were "reports" from Washington legislation to raise the army to a strength of 2,500,000 men is pending.

"This is my personal and absolutely unofficial opinion," he said, "but if this is done we need 16,000 new doctors at once, and 15,000 new doctors every year for the army alone."

"U. S. Doesn't Have Reserve of Ten Thousand"

The report America still has a reserve of ten thousand medicos is fallacious, Colonel Schaefer said. "A great many of these doctors are overage, have lost contact with their military medicine, have major dependencies or have been too long in restricted and specialized fields which would not be adaptable to general military medicine," he said.

Lashing out vigorously, Colonel Schaefer then charged a "small but far too numerous group of young doctors under the age of 35 are seeking to evade the call to service through evasion, falsehood, and actual malingering."

"This is time for plain talk," he said. "I have no quarrel with organized medicine, as such. My quarrel is with the younger members who are showing a complete lack of responsibility and are apparently motivated by greed, selfishness and moral cowardice."

"Moral cowardice has become increasingly evident in cases of young members of the profession whose excuses, in some cases, have been ridiculous."

Colonel Schaefer quoted five specific cases of attempted evasion.

"One man claimed he owed \$15,000 to a bank," he said. "Investigation showed he had nothing to post as collateral for such a loan, and, in fact, the loan did not exist."

Another young doctor called to serve protested an injured back, but has been unable to produce any symptoms since warned a thorough checkup would be made by army medicos.

"Putting It Over on the Army"

One candidate for service went so far as to take a quantity of thyroid stimulant in order to produce symptoms of chronic ill health. "We followed up a report he had bragged about 'putting it over on the army,' and he's serving today," Colonel Schaefer said.

"Several candidates attempted to simulate poor eyesight," he added. "I call these men slackers."

The Colonel detoured to commend particularly the attitude of the "older members of your profession who have shown a patriotic zeal second to none."

"Many, and I mean a great many, of your older members have come to me begging for a post. They have been willing to give up long-established practices to take active duty at actual financial loss," he said.

Despite the critical tone of Colonel Schaefer's address, he was applauded loudly while descending from the platform. Dr. Henry S. Rogers, new president of the Association, thanked Colonel Schaefer for his "frank discussion."

Navy Needs Technicians and Doctors of Psychology

Chief needs of the navy medical department, as told the convention by Captain E. U. Reed, Medical Corps, United States Navy, dispatched to Del Monte by Secretary of the Navy Frank Knox, is for qualified medical and dental technicians in the enlisted ratings and for doctors of psychology.

Doctors of psychology, Captain Reed said, would be eligible for the ranks of ensign, lieutenant junior grade, and lieutenant, depending upon age and experience.

"Last month there were on active duty 911 medical officers of the regular navy," he said. "Of these, 75 were former retired medical officers and 514 were reserve medical officers. An additional 200 reserve medical officers were under orders to report for active duty."

"We need 420 more medical officers of the regular navy and 300 acting assistant surgeons to take internships in our naval hospitals and later accept commissions as regular or reserve medical officers."

"We also need more reserve medical officers for general service and a number of experienced specialists in pathology, roentgenology, surgery, urology, orthopedics, psychiatry, ophthalmology, and otolaryngology to complete our naval medical specialist units," he said.

Dive Bomber's "Blackout" Cured

The problem of "blackout," that split-second lapse of consciousness experienced by the War Eagle as he pulls his diving plane up into a steep climb, has been virtually solved, Dr. Captain Robert G. Davis, executive officer of the Mare Island Navy Hospital, told the convention.

"We've solved this problem from a hydrostatic point of view by the use of a tight-fitting belt which fits over the pelvis and abdomen and can automatically be inflated from compressed oxygen containers."

"The belt fills with the oxygen exerting strong pressure against the organs and preventing the body fluids from draining from the upper regions of the body," Doctor Davis said. "This prevents blackout."

The belt is termed the "Poppen belt" and was invented by Dr. Commander J. R. Poppen. Doctor Davis came to Mare

Island from Pensacola training station two years ago, and prior to that was chief of staff aboard the U. S. Saratoga.

Dr. Phil K. Gilman, chairman of the Association's Council, addressed the assembly on the place of the medical profession in the national defense picture.

"Our country is taking steps far beyond preparedness," he said. "It is taking steps that never can be retraced."

Industrial Medicine Doctors Advocated

Doctor Gilman outlined the task of medicine to provide for the shifting population, local expansions of industry, enlargement of the armed forces.

He advocated the approach to medicine's defense problems through the industrial medicine doctors.

"They have an insight into the type of problem we are going to face that is not enjoyed by the general practitioner," he said.

Dr. Lieutenant-Colonel Bert S. Thomas asked doctors serving on draft boards to "bend a little" with induction center doctors who, the board doctors complain, have been rejecting a great many draftees previously approved by board physicians.

Colonel Thomas' talk was in reply to comment made by Dr. G. Randall Madeley of Vallejo last night during the house delegates' discussion of a resolution asking that draft board doctors, now serving on a voluntary basis, be compensated for their services. The resolution was turned over to the Council of the Association, who this morning voted to present it to the national convention of the American Medical Association at Cleveland, June 2 to 8.

Gilman Is ReElected

Other matters transacted at this morning's Council meeting, included the reelection of Dr. Philip K. Gilman, chairman of the Committee for Medical Preparedness in California, as chairman of the Council, and the reappointment of Dr. George H. Kress as secretary-treasurer and editor of the Association.

John Hunton, executive secretary of the Association, and Hartley Peart, San Francisco attorney representing the Association, both were reappointed to office.

The Council seated its new member, Frank Makinson of Oakland, who replaced Dr. O. D. Hamlin of Oakland, retiring after more than twenty years as a councilman.

The Association voted to make Del Monte the scene of next year's seventy-first session.—San Francisco *Chronicle*, May 9.

CALIFORNIA COMMITTEE ON MEDICAL PREPAREDNESS†

News items related to Medical Preparedness follow:

British Seek United States Doctors*

President Urges Young Physicians to Enter English Hospital Work

Hyde Park, N. Y., April 20 (AP).—President Roosevelt urged young American doctors tonight to volunteer for service in military and civilian hospitals of "our British friends."

He said in a statement, released at the temporary White House, that the British Red Cross had appealed through the American Red Cross for as many as 1,000 young American doctors to help it meet "an acute shortage" of physicians in British hospitals.

"As president of the American Red Cross," Mr. Roosevelt said, "I heartily approve this request."

Can Do Much

He said his views were shared by the surgeons-general of the Army, Navy and Public Health Service and that the doctors whom Britain "so desperately needs can do much to heal the wounds inflicted alike upon civilians and military in this cruel war."

The physicians who volunteer, the President explained, will be enrolled by the British Red Cross and be protected by the Red Cross Treaty of Geneva, which he said had been respected by belligerents since 1864.

† Philip K. Gilman, M. D., 2000 Van Ness Avenue, San Francisco, is chairman of the California Committee on Medical Preparedness. Charles A. Dukes, M. D., 426 Seventeenth Street, Oakland, is a member of the American Medical Association Committee on Medical Preparedness. Roster of county chairmen on Medical Preparedness appeared in CALIFORNIA AND WESTERN MEDICINE, August, 1940, on page 86.

* For editorial comment, see page 254.

The text of the Presidential statement:

"The British Red Cross has appealed through the American Red Cross for up to 1,000 young American doctors to help it meet an acute shortage of doctors in British military and civilian hospitals. As president of the American Red Cross I heartily approve this request.

Aid Volunteered

"When the British appeal came to my attention, I asked the opinions of the surgeons-general of the Army, Navy and Public Health Service. They joined me in believing we should encourage eligible American doctors to volunteer for this humanitarian service with our British friends.

"I am also informed that the Division of Medical Sciences of the National Research Council, the American College of Surgeons and the American College of Physicians have offered their assistance to the American Red Cross in meeting this emergency.

"The young doctors whom Great Britain so desperately needs can do much to heal the wounds inflicted alike upon civilians and military in this cruel war. Those who volunteer will be enrolled by the British Red Cross and will work under the protection of the Red Cross Treaty of Geneva, a covenant which has been respected by belligerents since 1864.

"To any American doctor who is eligible and able to go, service in this cause presents a splendid opportunity."

Details Announced

Details of the plan, which is ready for immediate operation, were announced in an editorial for a forthcoming issue of the *Journal of the American Medical Association*.

Successful applicants would serve for at least a year with the emergency medical service, treating principally civilian air raid and service casualties in Great Britain or at Royal Army Medical Corps stations in Egypt, Palestine, India, Burma, Malaya, China and East and West Africa.

No Oath Necessary

The volunteers, the editorial said, would not be obligated to enter military or naval service or to take an oath of allegiance to Great Britain, forfeiting their American citizenship.

The American Medical Association has supplied the American Red Cross with lists of young physicians who may be qualified for overseas service and is aiding in the selection of local examiners and representatives to pass on applicants.

To qualify, volunteers must meet training requirements, be United States citizens, preferably without dependents, and under 41 for service with the Royal Army Medical Corps and under 46 for the emergency medical service.

Start as Lieutenants

Successful applicants in the Royal Army Medical Corps will be commissioned as lieutenants with promotion to the rank of captain upon renewal of contract after twelve months' service. Subsequent promotions would be based on merit.

Remuneration, substantially the same as paid to officers of the United States Army Medical Corps, would be subject to the United States income tax rates instead of the higher British assessment. Compensation would be provided for injuries and disabilities. Comparable pay and protection is provided by the emergency medical service.

The appeal for medical reinforcements followed twenty-four years to the month institution of a similar World War arrangement between the two nations.—Los Angeles *Times*, April 21.

* * *

Medical Group Army Bill Tabled

Committee Opposed to Deferred Service for Embryo Physicians

Washington, April 18 (AP).—An attache of the Senate Military Committee said today that the committee had unanimously tabled legislation which would defer compulsory military service for medical and dental students, hospital interns and residents, and teachers of medicine or dentistry.

The committee recently held hearings on the measure at which spokesmen for leading medical, dental and hospital organizations urged its speedy enactment. It was opposed by Army and Navy officials.

Army Faces Shortage of Doctors, Says Fishbein

Phoenix, April 18 (AP).—The United States Army faces a shortage of physicians, Dr. Morris Fishbein of Chicago warned here today, unless the Selective Service Act is amended to permit medical students and interns to complete their education and training.

Doctor Fishbein, speaking before the woman's auxiliary of the Arizona State Medical Association, said an army of 1,400,000 will need 9,100 doctors. He said the Regular Army has only 1,250 and estimated that 7,800 physicians will be needed each year for five years, with medical schools graduating only 5,200 this year.

"Blitzkrieg war," Doctor Fishbein said, "requires more doctors to the same number of men than did the old trench warfare."

The editor of the *Journal of the American Medical Association* declared that selectees "are far more healthy" than men drafted in 1917-18.

"The number of rejections is proportionately less, despite examinations which are more rigid, scientific and detailed," he said.—*Los Angeles Times*, April 19.

* * *

Senior Medical Students to Be Enrolled in Reserve Corps

All senior medical students graduating from fully accredited medical schools in the United States this spring will be afforded the opportunity of being appointed first lieutenants in the Medical Corps Reserve of the Army. The students who did not pursue formal instruction in the Reserve Officers' Training Corps will be eligible for appointment in the Medical Corps Reserve on a par with those students who did have the advantage of such instruction.

These appointments will be made by the War Department on the recommendation of the dean of each approved medical school and on his certification that the applicant will be granted the degree of doctor of medicine on a specified date. At those schools which require a hospital internship for such degree, appointment will be made on certified evidence of the prospective successful completion of the prescribed four-year course of medical instruction. Commissions and letters of appointment will be delivered on graduation. The newly commissioned Medical Reserve officer should then present his letter of appointment to his local Selective Service board for reclassification.

No Medical Reserve officer is considered eligible for extended active duty until he shall have completed at least one year of postgraduate hospital internship. Therefore, members of this year's graduating class who are appointed in the Medical Corps Reserve, either through medical units of the R. O. T. C. or under the aforementioned procedure, will not be available for active duty until July, 1942. Deferral of such duty beyond that time will depend on the current requirement for medical officers.

In view of the anticipated annual demand for approximately four thousand Reserve medical officers to replace those who have completed twelve months' training and service, it is doubtful that such deferments will be possible.

The War Department approved appointment of senior medical students on February 18, and appropriate instructions were directed to the commanding general of each corps area. The deans of the several approved medical schools will receive complete instructions, together with appropriate application blanks, in the near future from the commanding general of the corps area in which the institution is located.—*Journal American Medical Association*.

* * *

Surgeon General Urges Nurses to Join Reserve

From the offices of the surgeon general who is supervising the procurement of nurses for the United States Army and the National Organization for Public Health Nursing comes word that there is no lag in new enrollments in the Red Cross Nursing Service. . . .

The nurse who has eligibility in the American Red Cross Nursing First Reserve must be between the ages of 21 and 40, have single status (single, divorced or widowed), belong to the American Nurses' Association and pass the training and physical requirements of the Red Cross Nursing Service.—*Redwood City Tribune*, April 12.

* * *

United States Medical Chief Urges Hospital Mobilization Increased Facilities in Vulnerable Areas Asked

Boston, April 24.—Surgeon General Parran of the United States Public Health Service recommended today defense organization of the nation's hospital facilities in areas "vulnerable to enemy action," based on the experience of Britain at war.

He also said the medical needs of the civilian population should be considered in "all recruitment plans" and suggested that doctors be recruited only on a "quota" basis in respect to need, and that medical and dental students be deferred from selective service until completion of their internship, as they are in England.

Needs Outlined

Recently returned from Britain, where he made a survey of medical defense in the war area, Parran told the American College of Physicians:

"If we are to learn anything from the British experience on the medical front, we must provide additional operating theaters and their protection against enemy action, the protection of existing hospitals, the consideration of safety from air attack in new hospital construction, and the number, location and equipment of first aid posts.

"They should include the provision of ambulances of a standard type with standard fittings, the earmarking of commercial vehicles for emergency ambulance service, and the planning of decontamination centers and training of key persons in each vulnerable area in antigas warfare."

Doubling of Force

He said the number of public health doctors and nurses should be doubled as well as the number of sanitary engineers, laboratory technicians and other technical public health personnel. He added:

"Medical personnel for military, industrial and civilian health and medical services should be recruited on a quota basis, having in mind the service which each individual can render best. Volunteers should not be accepted if they are doing a more essential civil job. The objective should be to see that each doctor is doing the task for which he is best fitted."—*San Francisco Examiner*, April 21.

* * *

"Prehabilitation"

Draftees Advised to Correct Ailments Before Tests

Chicago, April 19 (AP).—To cut down draft rejections, selective service headquarters proposed today that registrants with physical defects should "prehabilitate" themselves with the aid of their family doctors.

The plan for potential army trainees to recognize and remove remedial defects before they take induction examinations was presented in the current issue of the *Journal of the American Medical Association*.

Selective service headquarters in the article expressed "considerable concern" over the number of deferments and rejections.

The plan outlined provides that (1) registrants familiarize themselves with the physical standards required; (2) registrants apply to their local physicians and dentists if they fall short of the stipulated standards; (3) family physicians and dentists correct defects if they are remediable; and (4) registrants carry certificates of prehabilitation to local and induction boards at the time they present themselves for examination.

"So far as the registrant is concerned, he need only familiarize himself with the medical and dental requirements and present himself for advice and treatment to his local doctor or dentist, in the event that he feels that he falls short of the designated requirements," the article said.

"The family doctor, being familiar with the registrant's family background, his past illness and his personal attributes, is the man to determine the nature and significance of the defects and to advise best as to what, if anything, should be done.

"Selection should be regarded as a stamp of efficiency, a signal honor and a distinct privilege."—*San Jose Mercury Herald*, April 20.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION†

CALIFORNIA CONGRESSMEN: ADDRESSES

For the information and convenience of members who may wish to write to Congressmen concerning amendments to the Selective Service Act that would exempt medical students, the names and home addresses are given.

The two Senators may be addressed as follows: Hon. Hiram W. Johnson, United States Senate Chamber, Washington, D. C. Congressmen may be addressed in similar

† Component County Societies and California Medical Association members should not give endorsements to proposed legislation unless the California Medical Association Committee on Public Policy and Legislation has so requested. On such matters, address: California Medical Association Committee on Legislation, Dwight Murray, M. D., Chairman, 450 Sutter, San Francisco. Telephone, DOuglas 0062.

fashion, in care of United States House of Representatives. Since Congress is in session, mail should be sent to the Washington addresses. For comment, see page 255.

United States Senators

Hiram W. Johnson (R)*
1360 Montgomery Street, San Francisco
 Sheridan Downey (D) Atherton

Representatives in Congress

First District: Clarence F. Lea (D)
719 North Street, Santa Rosa
Second District: Harry L. Englebright (R) Nevada City
Third District: Frank H. Buck (D) Vacaville
Fourth District: Thomas Rolph (R)
152 Twenty-eighth Avenue, San Francisco
Fifth District: Richard J. Welch (R)
978 Guerrero Street, San Francisco
Sixth District: Albert E. Carter (R)
552 Montclair Avenue, Oakland
Seventh District: John H. Tolan (D)
1007 Harvard Road, Oakland
Eighth District: John Z. Anderson (R) San Juan Bautista
Ninth District: Bertrand W. Gearhart (R)
357 M Street, Fresno
Tenth District: A. J. Elliott (D) Tulare
Eleventh District: Carl Hinshaw (R)
3053 Lombardy Road, Pasadena
Twelfth District: H. Jerry Voorhis (D)
End of Valley Center, San Diego
Thirteenth District: Charles Kramer (D)
1947 North Serrano Avenue, Los Angeles
Fourteenth District: Thomas F. Ford (D)
940 North Benton Way, Los Angeles
Fifteenth District: John M. Costello (D)
5771 Valley Oak Drive, Los Angeles
Sixteenth District: Leland Merritt Ford (R)
1306 Georgina Avenue, Santa Monica
Seventeenth District: Lee E. Geyer (D)
1126 Gardena Boulevard, Gardena
Eighteenth District: Ward Johnson (R)
790 Santiago Avenue, Long Beach
Nineteenth District: Harry R. Sheppard (D)
Yucaipa Boulevard, Yucaipa
Twentieth District: Ed V. Izac (D)
5380 El Cajon Boulevard, San Diego

Comment on Proposed Laws Having Public Health Implications†

California Legislature: Fifty-Fourth Biennial Session (Now in session at Sacramento)

Senate Bill 977.—This bill has been sidetracked, for the present at least. The author of the bill, Senator Swan of Sacramento, has requested that it be placed on the "inactive file" in the Senate. This puts it to sleep temporarily, but if and when the proponents feel that they can muster twenty-one votes in the Senate, they will again bring it up. For editorial comment, see page 257.

* * *

Health Insurance Bill Tabled.—From present indications, there will be no Compulsory Health Insurance Bill enacted by the present session of the Legislature. Senator Robert Kenny of Los Angeles, sponsor of Senate Bill 645, has requested the Senate Committee on Welfare and Institutions to table his bill. The committee gladly acceded to his request. He gave as his reason for requesting the bill to be tabled the fact that it was dependent upon similar legislation being enacted by Congress and he sees no prospect of such legislation before the present State Legislature adjourns. Assembly Bill 1730, a companion measure, is still pending before an Assembly Committee.

* * *

Assembly Bill 562, sponsored by the California Medical Association, has passed both houses of the Legislature and is now before the Governor for signature. This bill authorizes California Physicians' Service to enter into and perform medical service contracts with federal agencies.

A companion measure (Assembly Bill 563), relating to nonprofit service corporations, has been given favorable recommendation by the Assembly Committee on Corporations and is now before the Assembly for vote.

* (R) Republican. (D) Democrat.

† Compiled by The Public Health League of California, and the California Medical Association Committee on Public Policy and Legislation.

County Hospital Bills Tabled.—Assembly Bills 1037 and 1694, relating to county hospitals, have been tabled in committee. These bills were vigorously opposed by the hospitals of the state.

* * *

Assembly Bill 357, authorizing counties to contract for continuance of treatment of indigents in private hospitals, after admittance in emergencies, has been approved by committee and is now before the Assembly for vote.

* * *

Assembly Bill 1683, the hospital lien bill, has also been given committee approval and is up for vote in the Assembly.

* * *

Senate Bill 428, amending the Pharmacy Act, was given a committee hearing on Thursday evening, but to date the committee has not taken action. It has been rumored that the bill in its present form will not be approved. The druggists are said to be considering plans for a new bill.

* * *

Assembly Bill 503, a measure of great importance to the medical profession, has passed the Assembly and now goes to Senate Committee.

* * *

Assembly Bill 1475, the reciprocity bill for graduates of foreign medical schools, passed the Assembly by a vote of 53 to 12, but Assemblyman Wollenberg of San Francisco asked for a reconsideration of the vote. The fate of the bill in the Assembly is still pending.

* * *

Assembly Bills 2144 and 2145, sponsored by the Chiropractors, have passed the Assembly and the Senate and now go to the Governor's office.

* * *

Assembly Bill 1507.—At a conference here on Tuesday, the sponsors of Assembly Bill 1507, relating to clinical laboratory technologists and technicians, announced that they would drop the bill for the present session of the Legislature.

COMMITTEE ON POSTGRADUATE ACTIVITIES†

University of California Session for Doctors of Medicine

The University of California Medical School, Medical Center, San Francisco, announces a postgraduate session for doctors of medicine in general practice, to be held June 16 to 27, 1941. Further information follows:

Stacy R. Mettler, M. D., Associate Professor of Medicine, Director of Refresher Courses, in Charge

Tuition fee: Medicine, \$50; General Surgery, \$25; Orthopedic Surgery, \$25; Obstetrics and Gynecology, \$25.

Registration: Physicians may register by mail. Please send checks (payable to the Regents of the University of California) to the Dean's Office, University of California Medical School, Medical Center, San Francisco. In order that arrangements may be made, it is desirable that all checks be received by the Dean's Office not later than June 1, 1941. Any physician who is unable to register by mail before that date is requested to register and pay his fees at the Dean's Office of the Medical School, Room 145, Clinics Building, The Medical Center, San Francisco, between 8:30 and 9 a. m. on the first day of his attendance.

These short comprehensive courses are designed to meet the needs of physicians engaged in private practice. Many of the discussions will be illustrated by patients, lantern slides or pathological material.

Miscellaneous information: The Students' Cafeteria at the Medical Center will be open for lunch, but not for dinner.

Physicians enrolled in the course will be welcome to use the facilities of the Medical School Library.

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

COMMITTEE ON PUBLIC HEALTH EDUCATION†

Reports of the Committee on Public Health Education and the Committee on Public Relations may well be combined this month, because the former committee has just now taken under its wing the principal subject on the latter group's docket during the past year. The transitional period has come about through the completion by the Committee on Public Relations of its work on the Basic Science Initiative; the Committee on Public Health Education will receive this measure as soon as the state Attorney-General has placed a title on it.

Plans have been well laid by the Committee on Public Health Education to institute a signature-gathering campaign as soon as printed circulars become available. The campaign will be conducted in coöperation with the Public Health League of California. Dentists, nurses, and other members of the Public Health League will be enlisted in the signature work, and professional circulators will be employed only for such technical work as is beyond the means of our own members to perform.

Expectation at this time is that the work of gathering signatures will be started shortly after the adjournment of the Assembly in Sacramento, when the Public Health League will be able to devote its full efforts to this work.

County medical societies, county Auxiliaries, and all members of the Association will be asked to take part in this campaign. With the full support of all California Medical Association members and of dentists, nurses, Auxiliary members, and others, it is hoped that the Basic Science Initiative may be brought before the voters of California at the next general election at a minimum cost to the Association.

COUNTY SOCIETIES*

CHANGES IN MEMBERSHIP

New Members (81)

Alameda County (6)

Chester F. Green, *Oakland*
Oscar L. Gregory, *Oakland*
T. Richard Hofmann, *Berkeley*
Herman H. Jensen, *Oakland*
John Charles Larkin, Jr., *Berkeley*
F. Sutro, *Oakland*

Contra Costa County (4)

Maxwell R. Bernstein, *Pittsburg*
Walter A. Johnson, *Antioch*
Joseph H. Libbey, *Antioch*
J. Austin Trolan, *Concord*

Fresno County (6)

Charles L. Cabell, *Fresno*
Edward Hirschberg, *Fresno*
Thorne Hopkins, *Fresno*

S. A. Larson, *Firebaugh*
Leland F. Studebaker, *Fresno*
H. A. Tarpinian, *Fresno*

Imperial County (4)

R. K. McLean, *El Centro*
Edward Mitchell, *Brawley*
Frederick Power-Heald, *El Centro*
Ernest Albert Zinke, Jr., *Holtville*

Los Angeles County (14)

Gustav Ahl, *Los Angeles*
Gordon B. Beckner, *Los Angeles*
Frank A. M. Bryant, *Los Angeles*
Delos Comstock, *Los Angeles*
William J. Coughlin, *Monrovia*
Gunnar S. Lindegren, *Bellflower*
Ian Macdonald, *Los Angeles*
Henry Joseph Magid, *Hollywood*
William Stewart Philip, *Los Angeles*
Agnes Scholl Ruddock, *Los Angeles*
C. Hunter Shelden, *Los Angeles*
Paul Tower, *Los Angeles*
Ernest Henry Warnock, *Glendale*
Allan B. Wilkinson, *Los Angeles*

Marin County (1)

Ernest W. Denicke, *San Rafael*

Mendocino-Lake County (3)

Jacob E. Gottlieb, *Talmage*
Edward A. Macklin, *Kelseyville*
Edward Ray Miller, *Covelo*

Merced County (1)

Roy Thomas Peck, *Merced*

Monterey County (2)

C. S. Glasgow, *Salinas*
A. J. Trinkle, *Salinas*

Orange County (3)

Howard H. Drake, *Buena Park*
John P. Fraleigh, *Laguna Beach*
Francis Hamilton Redewell, *Santa Ana*

Riverside County (2)

Dulcie Blunden-Morris, *Arlington*
Byron F. Mock, *Hemet*

Sacramento County (1)

Donald J. Jones, *Sacramento*

San Bernardino County (3)

Adrian E. Clark, *Loma Linda*
Williard E. Fisher, *Loma Linda*
William J. Pennock, *Redlands*

San Diego County (4)

Francis M. Amaral, *San Diego*
H. M. Engelhorn, *San Diego*
Paul U. Hartman, *San Diego*
R. S. Russell, *San Diego*

San Francisco County (7)

John James Bazzano, *San Francisco*
Henry F. Carman, *San Francisco*
Alexander F. Fraser, *San Francisco*
Hubert A. Hathaway, *San Francisco*
Alfred Kandel, *San Francisco*
Paul J. Moses, *San Francisco*
Joseph C. Solomon, *San Francisco*

San Joaquin County (2)

Laurence L. Heston, *Stockton*
Henry Francis Quinn, *Stockton*

† The Committee on Public Health Education was established through Substitute Resolution No. 6 at the Del Monte annual session, May 3, 1939.

The Committee on Public Health Education consists of Frank R. Makinson, chairman, Oakland; Philip K. Gilman, secretary, San Francisco; Samuel Ayres, Jr., Los Angeles; Thomas A. Card, Riverside; Lowell S. Goin, Los Angeles; Junius B. Harris, Sacramento; George H. Rohrbacher, Stockton; Harry H. Wilson (ex officio), Los Angeles. Communications to the committee may be addressed to Frank R. Makinson, M.D., chairman, Wakefield Building, Oakland, or to the California Medical Association office, 450 Sutter Street, San Francisco.

* For roster of officers of component county medical societies, see page 4 in front advertising section.

*San Luis Obispo County (1)*Joseph G. Middleton, *San Luis Obispo**San Mateo County (3)*Bard S. Berry, *Redwood City*Harry S. Berry, *Belmont*Harry Fisher Smith, *San Mateo**Santa Barbara County (6)*J. Gary Campbell, *Santa Barbara*L. Gordon Fiske, *Santa Barbara*Max Hammel, *Santa Barbara*Clinton Hollister, *Santa Barbara*Ernest F. Russell, *Santa Barbara*Albert J. Swanson, *Santa Barbara**Santa Clara County (4)*David Lee Bassett, *Menlo Park*Gerald E. Davis, *San Jose*Gerald Scarborough, *San Jose*Dean Storey, *Palo Alto**Sonoma County (1)*Emerson L. Meyer, *Healdsburg**Stanislaus County (1)*Wayne Pickens McKee, *Modesto**Tulare County (1)*Gilbert Furness, *Visalia**Yolo County (1)*Malcolm N. Wilmes, *Woodland***Transfers (14)**

H. C. Barron, from San Diego County to Riverside County.

John Richard Beardsley, from Los Angeles County to San Diego County.

Yale Brody, from San Francisco County to San Joaquin County.

Edward H. Calvert, from San Diego County to Los Angeles County.

J. Roger U. Campbell, from Siskiyou County to Santa Clara County.

James O. Greenwell, Jr., from San Joaquin County to San Mateo County

Vernet H. Heinz, from San Bernardino County to San Mateo County.

Francis J. Morley, from Mendocino County to Contra Costa County.

C. C. Najjar, from San Luis Obispo County to Merced County.

Raymond Norberg, from Fresno County to Santa Clara County.

Edwin Peeke, from Placer-Nevada Sierra County to Butte-Glenn County.

Lyman Elanson Thayer, from Los Angeles County to San Bernardino County.

Hazel Nicola Woodruff, from Sonoma County to Solano County.

Roy Paul Woodruff, from Sonoma County to Solano County.

Retired (9)Harold Dewey Barnard, *Pacoima*A. B. Cecil, *Los Angeles*Edgar D. Craft, *Los Angeles*Joseph H. Kirkpatrick, *Los Angeles*George M. Malkin, *Alhambra*George M. Stevens, *Los Angeles*Cecilia Reiche, *Los Angeles*Harry M. Voorhees,* *Los Angeles*W. E. Waddell, *Los Angeles*

* Deceased.

In Memoriam

Cheney, William Fitch. Died at San Francisco, April 10, 1941, age 75. Graduate of Cooper Medical School, San Francisco, 1889. Licensed in California in 1889. Doctor Cheney was a retired member of the California Medical Association, member of the San Francisco County Medical Association, and a Fellow of the American Medical Association.

✦

Tiffany, De Forrest Elmer. Died at San Jose, March 31, 1941, age 70. Graduate of the University of Iowa College of Medicine, Iowa City, 1893. Licensed in California in 1923. Doctor Tiffany was a member of the Santa Clara County Medical Society and the California Medical Association.

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OBITUARIES**William Fitch Cheney****1866-1941**

On April 10, Dr. William Fitch Cheney died at his home in San Francisco at the age of seventy-five. Born in New York State, he received his B. Litt. from the University of California in 1885, and his M. D. from Cooper Medical College in 1889. After a year of postgraduate work at Johns Hopkins Medical School, Doctor Cheney took up his residence permanently in San Francisco, becoming professor of the principles and practice of medicine at Cooper Medical College, and later at Stanford Medical School, where he served as clinical professor from 1909 to 1932, and since that time as professor emeritus.

Doctor Cheney, at the age of twenty-nine, was president of the San Francisco County Medical Society. He was also a member of the American Gastro-Enterological Association, the American Therapeutic Society, and the American College of Physicians. A past president of the San Francisco Commonwealth Club, he served on the Board of Governors of this club for many years.

A regular contributor to several medical texts, Doctor Cheney was on the editorial staff of *The American Journal of Digestive Diseases*, and published many scientific articles. After his retirement from the faculty of Stanford in 1932, he continued to practice medicine with his son, Dr. Garnett Cheney, and in the later years of his life his medical interests centered chiefly in the field of gastroenterology.

H. M. F. B.

✦

John Larrabee Pomeroy**1883-1941**

John Larrabee Pomeroy was born in Louisville, Kentucky, December 19, 1883. He received his M. D. from the Hospital College of Medicine, Louisville, in 1903 and later from Bellevue Medical College, New York City, in 1909.

He interned in the City Hospital, New York City, 1903-1905; was resident physician at Ward's Island Hospital, New York, 1905-1907; assistant surgeon, United States Army, 1907-1909; assistant superintendent at North Brother Island Hospital, 1909-1910.

He came to California in 1910, and was resident at the Pottenger Sanatorium, having been recommended by Dr. S. A. Knopf of New York City as being a thorough student, particularly interested in tuberculosis. After serving one year as resident he engaged in private practice in Monrovia from 1911 to 1915. He became health officer of Los Angeles County in 1915, and retained that position until his death; professor of public health, College of Medical

Evangelists since 1935; captain, Medical Corps, United States Army from 1917-1919.

Doctor Pomeroy had exceptionally advanced views in matters of public health. He developed one of the best public health programs in the United States, one of the outstanding features of which was the health center which served the various communities throughout the county of Los Angeles. These were local units to which people in a certain area could go for consultation in matters of health.

He was always tuberculosis-minded, and took great interest in the antituberculosis movement.

The splendid health service which he brought to the people of Los Angeles County has been recognized by public health authorities far and wide. F. M. P.



Harry Martyn Voorhees
1876-1941

Dr. Harry Voorhees was essentially a self-made man, if ever this expression can be applied. His father, a minister of the Dutch Reformed Church, and several members of the family came to California in the early nineties. Doctor Voorhees, by his own efforts, energy and character, looked after the family, was educated at Pomona College and later went through the medical school, also providing education for a younger brother.

Harry Voorhees was one of Los Angeles' very best surgeons. The loyalty of his patients and their faith in his skill was never shaken; and it was due to never-ending work that his health in later years was hardly sufficient to carry him through the semi-active period prior to his death.

Doctor Voorhees' influence in the profession, his kindly and skillful handling of his patients, his courageous character and cheerfulness, will long be remembered. P. S.



Rolland Frederick Hastreiter
1875-1941

Rolland Frederick Hastreiter, member of the Los Angeles County Medical Association for the past thirty-seven years, died on March 7, 1941.

Doctor Hastreiter was born on May 11, 1875. He obtained his B. S. degree at the University of Wisconsin in 1897, and in 1901 his M. D. degree at Johns Hopkins.

He was resident house officer at Johns Hopkins Hospital from 1901 to 1902. Following that he practiced medicine at Milwaukee until 1904, when he went to Los Angeles.

There he found his interest in anesthesia and was one of the first in the United States to specialize in that branch of medicine. For a number of years, until other men saw the needs of modern anesthesia, he was called in by the profession to give, in more serious cases, anesthetics.

As a result, Doctor Hastreiter had office in many anesthetic societies and was held in high esteem by both patients and friends. R. H. J.



Edgar Holm
1877-1941

Edgar Holm was born in Esbjerg, Denmark. He came to the United States during his adolescence. He was graduated in medicine at Northwestern University in Chicago. After graduation and completion of an internship, he was in the government medical service at the Roosevelt Dam. Following this he was surgeon for the Magna Copper Company in Superior, Arizona. In 1919, he took up the specialty of diseases of the eyes, ears, nose, and throat. He

did his postgraduate work at the Chicago Eye and Ear Hospital, Chicago Polyclinic, and Charitable Eye and Ear Infirmary. He was house surgeon at the Charitable Eye and Ear Infirmary.

He went to Eureka in 1920, where he practiced in his specialty until his death on March 9, 1941. He was a member of the Humboldt County Medical Society, California Medical Association, American Medical Society, American Eye, Ear, Nose, and Throat Hospital Surgeons, and of Phoenix Lodge, F. and A. M. J. S. W.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. A. E. ANDERSON.....President
MRS. WILLIAM C. BOECK.....Chairman on Publicity
MRS. KARL O. VON HAGEN..Asst. Chairman on Publicity

Official Notice

This is the *last call* for reservations for the nineteenth annual convention of the Woman's Auxiliary to the American Medical Association which will be held at the Hotel Carter in Cleveland, June 2 to 6. All Cleveland extends a hearty welcome to you!



News

A book review of "For Whom the Bell Tolls" was given by Mrs. B. W. Bours at the February 21 meeting of the Alameda County Auxiliary, held at the Claremont Country Club. Nearly three hundred attended the "husbands' dinner" on March 4.



Fresno County held their April meeting at the Fresno Hotel, with forty members present. Mrs. Otto Diederich, President, announced that the May meeting will be a box supper at the home of Mrs. J. R. Walker. Each box is to be sold for 25 cents, and the money collected will be added to the fund for needy doctors. A communication from the secretary of the British War Relief, thanking the Auxiliary for their contribution, was read.



Audiometers were presented to the Santa Cruz and Watsonville schools, to aid children with defective hearing, by the Santa Cruz membership.



On March 11, an extremely successful health conference was sponsored by the San Diego Auxiliary in conjunction with the County Medical Society. The California Physicians' Service plan was discussed. *What to Do Until the Doctor Comes* proved a most helpful talk. *Modern Anesthesia* and a *Medical Information, Please* panel were given. A group of three doctors usually is chosen from different specialty fields. They sit informally at a table with an Auxiliary member, who asks questions of first one doctor and then another. The questions are answered in nontechnical language and as briefly as possible. The audience interest has been very marked.

†As county auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Karl O. Von Hagen, Assistant Chairman on Publicity, 2435 Nottingham Avenue, Los Angeles. Address of the Chairman on Publicity: Mrs. William C. Boeck, 712 North Maple Drive, Beverly Hills.

For roster of officers of state and county auxiliaries, see advertising page 6.

Approximately 160 members and guests attended the San Francisco meeting, when presidents of women's clubs were invited to hear Chauncey D. Leake, Ph.D., Professor of Pharmacology at the University of California, speak on the *San Francisco Blood Bank*. Guests were taken to see the Medical Society's blood bank, which is installed in the home of the Society.

♦ ♦ ♦

Miss Behrens of the Sonoma County Hospital gave an illuminating talk at the Sonoma meeting last month. Her subjects were: *The Nurse Practice Act* and the *Trained Attendant Act*. The meeting was held at Eisenhood's, in Santa Rosa.

♦ ♦ ♦

Lloyd C. Douglas, eminent writer and lecturer, addressed one hundred and sixty-two regular members, thirty-five new members, and representatives of the press at the Los Angeles meeting. Mr. Douglas' brilliant talk on *Mental Defense* convinced his listeners that we may as well accept things as they are today, and that federation, coöperation, and the spirit of brotherhood are still enjoyed by intelligent people.

♦ ♦ ♦

The Sacramento meeting in March consisted of a business meeting, luncheon, and bridge party.

CALIFORNIA PHYSICIANS' SERVICE†

Beneficiary Membership

September, 1939.....	1,220
March, 1940.....	9,322
September, 1940.....	17,398
March, 1941.....	24,107

♦ ♦ ♦

Election of Administrative Members

The following were elected for three-year terms as administrative members of California Physicians' Service:

- District One—Nelson J. Howard.
- District Two—Hans V. Briesen.
- District Three—Harry G. Ford.
- District Five—Alfred L. Phillips.
- District Six—J. G. Roberts.
- District Seven—Leonard W. Hines.
- District Eight—A. W. Warnock.
- District Eleven—Axcel E. Anderson.
- District Thirteen—Dewey R. Powell.
- District Fourteen—Ralph Kaysen.
- District Sixteen—Louis A. Packard.

♦ ♦ ♦

During the month of January, 1,754 doctors saw 4,343 patients. The distribution of patients among doctors was as follows:

806 doctors saw	1 patient each
386 doctors saw	2 patients each
210 doctors saw	3 patients each
131 doctors saw	4 patients each
81 doctors saw	5 patients each

† Address: California Physicians' Service, 333 Pine Street, San Francisco. Telephone EXbrook 3211. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

36 doctors saw	6 patients each
34 doctors saw	7 patients each
24 doctors saw	8 patients each
10 doctors saw	9 patients each
10 doctors saw	10 patients each

(Only twenty-six doctors saw over ten patients. The most seen by any one doctor was 22 patients.)

♦ ♦ ♦

California Physicians' Service Rural Health Program in Coöperation with Farm Security Administration

Contracts have been signed with Farm Security Administration for the purpose of furnishing medical care to families under its charge. This program differs from the regular prepaid medical service program in several respects, all of which are based on the fact that the families concerned are actually in the very lowest income group and unable to pay in any other way for any but minimum medical service. It is expected that this plan will make it possible for doctors to receive at least some payment for their services which would not be possible without the plan. It is not to be expected that the compensation will be comparable to that paid by private patients in average circumstances, or even with that paid by California Physicians' Service for its more self-supporting groups.

The program is being inaugurated experimentally in three areas in the state: the Butte County area, Sonoma-Lake area, and the Monterey-Santa Cruz area.

1. *Socially*.—Only farm families are eligible to the California Physicians' Service and Farm Security Administration plan, and only those farm families who meet the requirements of the Farm Security Administration loan regulations. These provisions automatically allow only low-income families who are being helped by the Government to rehabilitate their farms in the hope that they will eventually become self-supporting. Protection against health needs is regarded as an essential part of the farm plan.

California Physicians' Service has been anxious to have a rural health program. The acquisition of rural members presented difficulties in cost, travel, and application of the group theory of coverage. In this experiment there is no acquisition expense—the Farm Security Association staff assembles groups, the California Physicians' Service concerns itself with professional phases only. This is an effective method of approaching low-income groups of families, and will allow development of a rural program.

2. *Method of Payment for Families*.—According to details of the farm plan (all families have a carefully worked-up budget), payment will be made in their own cash as far as possible. If total amount is not available, the Farm Security Administration may supply the difference through its loan and/or grant regulations.

3. *Administration of Funds*.—All money so secured or loaned is to be placed with California Physicians' Service as trustee. The money shall be kept in a separate account and shall be expended solely to pay the obligations of the "Rural Health Program." The same relative fee schedule now in effect (but with an ideal maximum of \$1.50 per repeat office visit) will be used as a method of payment to physicians.

4. *Benefits—Inclusions and Exclusions*.—Each individual physician becomes an important part in helping to make fair judgments in all cases, so that the limited funds may be used to the best advantage, not only for the members in extent and quality of care, but also to preserve the unit value for physicians' services. The following important policies are contained in the contract:

Home Care.—Families will be urged by the Farm Security Administration staff to use this service only in obvious emergencies. As an added check on possible abuse, families have been told that they must pay \$1.50 in cash directly to the doctor for the *first home call* in any illness or injury.

Chronic Conditions (for Persons Over Eighteen).—Care of known obvious chronic conditions is not a benefit. In obscure new cases necessary diagnostic work may be performed to establish a prognosis. If cure is possible, and this cure is related to the rehabilitation of the person, care may be given. This would result in (the first instance) (known chronic) not caring for arthritics, hypertension, cardiacs, hemorrhoids, sinus disease, asthma, varicose veins, etc. *Second instance* (obscure and new) may involve chest plates to uncover tuberculosis. If advanced, no care will be given. If minimal, the fund may be responsible.

Surgery.—For members past eighteenth birthday, limited to surgical services for conditions as are proximately caused after becoming a member. The interpretation of this clause may cause considerable difficulty. It will be administered on the basis that a cause (etiology) directly producing a result (pathology) must not have been in evidence before date of effective membership. This is the strict phraseology of the contract, and we might legally stand on this. However, the deputy medical director may liberalize this strict definition upon the receipt of the clinical history from attending physician.

X-ray and laboratory are included in the program. They may be used to any extent necessary to establish a diagnosis in certain obscure cases.

Hospital care (limited to ten days). California Physicians' Service is underwriting its own hospitalization. Agreements with individual hospitals have been made with California Physicians' Service.

(a) *Obstetrics.*—Hospitalization for normal deliveries is not covered in the fund.

Abnormal obstetrical cases may have hospitalization costs covered by the fund.

(b) *Drugs.*—This is also a new benefit not included in California Physicians' Service coverage heretofore. Physicians will be supplied with a special prescription blank to be used only in rural health program. The patient will pay the pharmacist at time drugs are dispensed. California Physicians' Service will reimburse the patient according to agreement.

The following are not included in the benefits of membership:

Treatment for mental disorders, drug addiction, injuries or diseases for which care is provided under any Workmen's Compensation or Employer's Liability Law.

Refractions are not included.

Laboratory tests, ordinarily provided by public health departments, should be sent to that resource (Wassermanns, parasitic studies of feces, etc.).

Materials ordinarily provided by public health departments should be secured from that resource (smallpox vaccine, diphtheria serums, scarlet fever tetanus antitoxin).

* * *

Health Program Inaugurated by Rural Families

At an enthusiastic meeting of one hundred farmers and their wives from all parts of Butte County at the Oroville high school Monday night, the by-laws of the Farmers' Health Cooperative were drawn up and adopted, according to Grinnell Burt, local representative of the Farm Security Administration. The Farm Security Administration is sponsoring this medical cooperative. The program is an experimental one in group health insurance for low income farm families of Butte County to serve as a model for the nation in providing almost complete medical, hospital and drug service to farm families. The cost will be approximately \$4.30 a month for an average family of five. The California Physicians' Service has contracted to furnish the service, and each farm family chooses its own physician. A later meeting for election of officers will be held in the near future, Burt said.—Oroville Press, April 4.

* * *

Rural Health Program May Be Tried

Lake, Mendocino and Sonora counties have been chosen as one of the three groups to be organized in the state to try out a rural health program, whereby all farm security administration borrowers, and all other farm families eligible for Farm Security Administration loans, may receive

all necessary medical, surgical and hospital services for a stipulated annual fee, governed by the number of persons in the family.

Farm Security Administration representatives working in the county held meetings in Big Valley and Bachelor Valley on March 24, and have called another meeting for April 4 at 8 o'clock at the Big Valley clubhouse.

Four Lake County doctors, members of the California Physicians' Service, are working with the Farm Security Administration representatives in an effort to get the program started.

As a trial for one year the cost of the service will range from \$30 for one person to \$60 for a family of nine or more with an added charge of \$1.50 for the doctor's first home visit in each case of illness or injury.

Farm families interested in this rural health program should attend the meeting at the Big Valley clubhouse next Friday night and learn more about it.—Lakeport Press-Record, April 1.

Manual Artificial Respiration Is Said to Be the Best Method.—"When natural breathing has stopped, it is restored more effectively by manual artificial respiration than by mechanical respiration," Yandell Henderson, Ph.D., and J. McCullough Turner, Ph.B., New Haven, Connecticut, declare in *The Journal of the American Medical Association*.

They point out that the time lost in obtaining and adjusting mechanical devices may mean the difference between life and death of the victim. They advise that all policemen, firemen, seamen, miners, boy and girl scouts, college students and others be trained in the application of the manual (Schafer) method.

"Resuscitation is often thought of as if it were the restarting of a machine that has stopped," they say. "Actually, if the vital machine has fully stopped it cannot be restarted; it is not like an automobile motor to be started by 'cranking.' What resuscitation does—for example in the case of drowning—is to prevent the machine from coming to a full stop. For this purpose the essential is a renewed supply of oxygen while the body still retains some of its tonus and the heart is still beating.

"The volume of pulmonary [lung] ventilation that can be induced under any form of manual artificial respiration is . . . controlled by a physiologic principle: the same principle as that which regulates the volume of normal breathing under the influence of the blood gases acting through the respiratory center on the tonus of the respiratory muscles. The prone pressure method of Schafer produces all the pulmonary ventilation that this principle permits. In spite of claims for other manual methods, old and new, none of them can do more. The prone pressure method is the simplest to learn and the easiest to apply; it is, therefore, the best. It can be started more quickly than any mechanical device—a point of vital importance in resuscitation from drowning and electric shock.

"For resuscitation from carbon monoxide asphyxia the point of vital importance is the rapid elimination of the asphyxiant gas from the blood by means of carbon dioxide and oxygen. The results [from investigations of deeply asphyxiated dogs to determine the most effective method of administration of the resuscitant gases] show that the volume of pulmonary ventilation which can be safely induced by mechanical artificial respiration is limited by the same physiologic principle as that for manual artificial respiration, and is not more, but rather less, than under simple inhalation."

They conclude their paper with the statement that: "In brief, the best method of resuscitation from drowning and electric shock is prone pressure artificial respiration supplemented by inhalation of carbon dioxide and oxygen. The best method of resuscitation from carbon monoxide asphyxia is inhalation of carbon dioxide and oxygen, initiated in cases of severe involvement by prone pressure artificial respiration."

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings.†

California Medical Association, Hotel Del Monte, Del Monte, California. Date of 1942 annual session not decided.

American Medical Association, Cleveland, Ohio, June 2-6, 1941.

Medical Broadcasts.*

American Medical Association Series of Radio Programs: Every Wednesday, 7:30 p. m., Pacific Time, Over Blue Network.—*Doctors at Work* is the title of the sixth annual series of dramatized radio programs to be presented by the American Medical Association and the National Broadcasting Company.

The series was opened on Wednesday, November 13, 1940, to run for thirty consecutive weeks, closing with a broadcast from the American Medical Association meeting at Cleveland on June 3, 1941. The program is scheduled for 10:30 p. m., Eastern standard time (9:30, Central; 8:30, Mountain; 7:30, Pacific time) over the Blue Network, other NBC stations, and Canadian stations.

The programs will dramatize what modern medicine offers the individual in the way of opportunities for better health and the more successful treatment of disease. Incidental to this main theme, the programs will explain the characteristics of the different fields of modern medicine and its specialties.

"Doctors at Work" will be broadcast from scripts by William J. Murphy, NBC script writer and author of many previous American Medical Association and NBC "shows" and other popular radio features. It will be produced under the direction of J. Clinton Stanley, director of "Medicine in the News," last season's successful American Medical Association and NBC health program. Supervision will be by the American Medical Association Bureau of Health Education, directed by Dr. W. W. Bauer.

These programs are broadcast on what is known in radio as a sustaining basis; that is, the time is furnished gratis by the radio network and local stations and no revenue is derived from the programs. Therefore, local stations may or may not take the programs, at their discretion, except those stations which are owned and operated by the National Broadcasting Company.

Descriptive posters for local distribution may be had gratis from the Bureau of Health Education, American Medical Association, 535 North Dearborn Street, Chicago. Program titles will be announced weekly in *The Journal*

of the American Medical Association (see *J. A. M. A.* index under *Radio Broadcasts*) and monthly in *Hygeia*, *The Health Magazine*.

American Medical Association Broadcasts: "Medicine in the News."—The American Medical Association and the National Broadcasting Company have announced "Medicine in the News," on timely topics from medical news of the week. Thursdays, 4:30 p. m., Eastern standard time (1:30 p. m., Pacific standard time), Blue Network, coast to coast. Thirty weeks. Opened on November 2, 1939. Facts, drama, entertainment, music.

Pacific States:

KECA	Los Angeles	KEX	Portland
KFSD	San Diego	KJR	Seattle
KGO	San Francisco	KTMS	Santa Barbara
	KGA	Spokane	

† † †

Los Angeles County Medical Association.

The following is the Los Angeles County Medical Association's radio broadcast schedule for the month of May. Saturday, May 3—KFAC, 8:45 a. m., Your Doctor and You. Saturday, May 3—KFI, 10:15 a. m., The Road of Health. Saturday, May 10—KFAC, 8:45 a. m., Your Doctor and You. Saturday, May 10—KFI, 10:15 a. m., The Road of Health. Saturday, May 17—KFAC, 8:45 a. m., Your Doctor and You. Saturday, May 17—KFI, 10:15 a. m., The Road of Health. Saturday, May 24—KFAC, 8:45 a. m., Your Doctor and You. Saturday, May 24—KFI, 10:15 a. m., The Road of Health. Saturday, May 31—KFAC, 8:45 a. m., Your Doctor and You. Saturday, May 31—KFI, 10:15 a. m., The Road of Health.

Let Students Finish College, Says Dean Watkins.—

The world will need engineers, physicians, educators, and statesmen when the war is over, and it is of the utmost importance that American college men and women be allowed to finish their studies during the present crisis.

So says Dr. Gordon S. Watkins, Dean of the College of Letters and Science on the Los Angeles campus of the University of California. He points out that while there is no definite national policy on this question at the present time, we should profit from the example of nations already at war.

"Perhaps one of the most heroic chapters in current history is being written in China, where colleges and universities with their large student bodies have migrated thousands of miles into the interior as a consequence of Japanese invasion," he said.

"The government of China is insisting that young men and women continue their college education. A similar policy has been formulated in Japan and Germany. Britain, perhaps, is suffering most from the interruption of the education of her youth, but even she is urging students of medicine and the physical and life sciences to complete their training.

"In the new world that must necessarily emerge from the present conflict, a world burdened with unprecedented problems of economic, political, and social reconstruction, the need for trained men and women will be great. Extraordinary intelligence, cultivated by higher education, will be required to guide a disorganized world into channels of constructive readjustment."

† In the front advertising section of *The Journal of the American Medical Association*, various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

Trichinosis Outbreaks Reported.—Three outbreaks of trichinosis in California communities were investigated during February. The most extensive occurred in Sonoma County, where seventeen cases with one death occurred, all due to eating pork from a home-raised hog, the meat being distributed to eleven families. A total of sixty-eight persons ate some of the pork—a total of seventeen, or 25 per cent, developing the disease. In Tulare County eight cases occurred from eating pork sausage. The meat came from a home-raised hog, and 26 pounds was made into link sausage on December 16, the date of slaughter. On January 15, a ham from the same animal was made into sausage. Specimens examined in the laboratory were found to be infested. The severity of the illnesses was directly proportional to the amount of raw or partially cooked sausage that was eaten. In Oakland, five cases were investigated. One was in a Japanese woman who apparently contracted the disease from eating raw pork sausage purchased in a Chinese meat market. Four cases occurred from eating dry garlic pork sausage, eaten raw or partially cooked. Diagnosis was confirmed by clinical findings and skin tests.

Population of California Counties.—For the convenience of local registrars of vital statistics, health officers and others who may make use of it, the official 1940 population of California counties is published here:

Alameda	513,011
Alpine	323
Amador	8,973
Butte	42,840
Calaveras	8,221
Colusa	9,788
Contra Costa	100,450
Del Norte	4,745
El Dorado	13,229
Fresno	178,565
Glenn	12,195
Humboldt	45,812
Imperial	59,740
Inyo	7,625
Kern	135,124
Kings	35,168
Lake	8,069
Lassen	14,479
Los Angeles	2,785,643
Madera	23,314
Marin	52,907
Mariposa	5,605
Mendocino	27,864
Merced	46,988
Modoc	8,713
Mono	2,299
Monterey	73,032
Napa	28,503
Nevada	19,283
Orange	130,760
Placer	28,108
Plumas	11,548
Riverside	105,524
Sacramento	170,333
San Benito	11,392
San Bernardino	161,108
San Diego	289,348
San Francisco	634,536
San Joaquin	134,207
San Luis Obispo	33,246
San Mateo	111,782
Santa Barbara	70,555
Santa Clara	174,949
Santa Cruz	45,057
Shasta	28,800
Sierra	3,025
Siskiyou	28,598
Solano	49,118
Sonoma	69,052
Stanislaus	74,866
Sutter	18,680
Tehama	14,316
Trinity	3,970
Tulare	107,152
Tuolumne	10,887
Ventura	69,685
Yolo	27,243
Yuba	17,034

University of California Medical Refresher Courses to Be Given June 16 to 27.—Special postgraduate courses for physicians in general practice will be offered by the University of California Medical School in San Francisco.

The courses will include clinics, demonstrations, and special studies in medicine, general surgery, orthopedic surgery, and gynecology.

Advanced enrollments indicate that approximately 125 physicians from all over California will attend the courses. Enrollments in each course are limited, and physicians wishing to attend are advised to register as soon as possible.

New Medical Service for Counties.—Increased service to every county in California is pledged by authorities of the University of California Medical School as they prepare to request an appropriation of two million dollars for the erection of a new 500-bed clinic hospital here.

The special facilities and services of the Medical School are available to private physicians and county hospitals who ask for assistance in special medical problems.

In 1930, there were 480 patients referred to the Medical School for consultation and treatment. Two years ago 1,700 physicians referred 4,154 such patients to the hospital and clinic.

The present hospital, built in 1917 by friends of the University, is now hopelessly inadequate to meet the increased demands upon it, authorities say. If it had had the space, the Medical School could have accepted two or three times as many referred clinic and hospital patients as it received in the past year. At present only the most urgent cases can be accepted, and it has even been necessary to refuse some of these because there were no beds available, it is said.—*Fresno Guide*.

Kahn's Verification Test.—Doctor Kahn of the University of Michigan at Ann Arbor, famed for his work on precipitations, especially the well-known Kahn test for syphilis, has recently published his latest work on non-specific reactions (false positives) encountered in the serodiagnosis of syphilis.

He considers these of biologic nature, and has given us a laboratory test to differentiate these from the true syphilitic reactions.

In order to aid the physician as much as possible in determining the exact status of many of these obscure cases, diagnosed as syphilis, purely on laboratory reports, and, having no history or clinical symptoms of the disease, the Laboratory of the Los Angeles City Health Department has arranged to make these tests for any physician desiring to avail himself of this service.

Owing to certain technical difficulties in the performance of these tests, the following requirements must be met in order to render the most accurate and efficient service:

1. At least six cubic centimeters of blood must be sent in to the laboratory.
2. Before a physician releases a patient giving a negative verification test, a second or check test must be made.
3. On any doubtful reports, a third sample is requested to be sent to Doctor Kahn, who has very kindly offered his service to make a personal check-up.
4. Tests will be run only on Thursdays of each week, although the physicians may send specimens in on any day of the week and it will be held until the test day.
5. As complete a history as possible must be sent in with each sample and the specimen marked plainly "For Biological Kahn Test."
6. At present, and until a better name is applicable, these tests will be called the Kahn Verification Tests, and reported as positive, negative, or doubtful.

American Association on Mental Deficiency.—The American Association on Mental Deficiency, of which Dr. F. O. Butler of Sonoma State School, Eldridge, California, is chairman of the Program Committee and president-elect, will hold its sixty-fifth annual convention at Salt Lake City, Utah, June 20 to 24, 1941, with headquarters at the Hotel Utah. All indications point to a large attendance. Information concerning the program may be secured from Doctor Butler.

Pacific Coast Oto-Ophthalmological Society.—The Pacific Coast Oto-Ophthalmological Society will hold its annual meeting at the Ambassador Hotel, Los Angeles, May 26 to 29, inclusive. Guest speakers include Dr. James W. White of New York and Dr. M. H. Lurie of Boston. The scientific session will be held Monday morning, Tuesday afternoon, and Wednesday morning. There will be, also, a motion-picture session and scientific and commercial exhibits. Physicians who are not members of the Society are invited to attend the meetings and participate in the scientific activities. Further information may be secured from the secretary, Dr. C. Allen Dickey, 450 Sutter Street, San Francisco.

Directory of Medical Specialists: 1942 Edition.—Specialists eligible for listing in the forthcoming second edition of the Directory of Medical Specialists are urged to fill in and return promptly the questionnaires for biographic data now being mailed out by the publication office.

This directory is the official publication of the Advisory Board for Medical Specialties, issued every two years, and listings are limited to those formally certified by any of the fifteen American Boards examining in the medical specialties. There is no charge for such listings.

The second edition is now being prepared, and will be ready for distribution early in February, 1942, with biographic, geographic, and alphabetic listings of all diplomates certified to January 1, 1942. It will include approximately 18,000 names.

The directing editor is Paul Titus, M.D., 1015 Highland Building, Pittsburgh, Pennsylvania, and the secretaries of the fifteen American Boards constitute the Editorial Board.

Thomas Jefferson First President to Be Vaccinated.* Thomas Jefferson was our first President to be vaccinated—the principle having been discovered then only three years before. Today if a ruler or a prominent statesman were to die of smallpox or even have the disease, it would be a scandalous occurrence. We attribute to such men intelligence and sound judgment, and since smallpox is preventable, if a man acquires the disease, it is evidence of neglect, indifference, or ignorance, qualities that we do not associate with those who are eminent.

Yet before Edward Jenner's announcement of the discovery of vaccination in 1798, the presence of smallpox was not a sign of ignorance or neglect. The disease was inevitable; men were defenseless against it. Louis XV was one of a long line of kings, queens, and princes who died of the disease.

Smallpox first reached America in 1520 when a negro slave with the disease entered Mexico with the troops of Cortez. The epidemic thus engendered, killed 3,500,000 people and exterminated whole tribes of Indians. The disease first appeared in Massachusetts in 1633, reaching Boston in 1649. Consider for a moment one of the ten or twelve outbreaks of smallpox in eighteenth-century Boston. In the epidemic of 1792 the town contained 18,000 inhabitants. Of these, somewhat more than 10,000 had already had the disease and were, consequently, immune. During the epidemic the remaining 8,000 acquired it. Statistics can

never be simpler than that. But if you prefer them in larger numbers, in the eighteenth century 60,000,000 persons died of smallpox in Europe alone, 600,000 deaths a year from this one disease.

Before vaccination came into use, smallpox was a disease of childhood; the majority of cases occurred before the age of ten. The children of those days were born into a world where smallpox was almost universal. They acquired the disease in their early years and died by the millions. Nowadays, however, the situation is changed; smallpox has become a disease of adults rather than children. In most places—there are exceptions in our country—children must be vaccinated before they are admitted to school. For their true protection they should be vaccinated in their first year of life, again on entering school, and every few years thereafter.

Atom-Smashers at University of California Report New Substances.—Three University of California scientists today added four artificial radioactive substances to those known to man, bringing the known total to about 360.

An artificial radioactive substance is one which is made to emit rays somewhat as radium does. They are made by smashing atoms in the Berkeley cyclotron. When the atom of an element is smashed, it often changes into another element, and emits rays which can be detected by the use of sensitive instruments.

Four radioactive species of germanium, an element similar to lead, were reported by the California scientists. Germanium is one of the last of the ninety-two elements to be investigated in detail for radioactive species.

More than one hundred of the known artificial radioactive substances have been discovered at the University of California, with Professor Ernest O. Lawrence's atom-smashing cyclotron.

Some of the radioactive elements have proved invaluable in medical and biological research. Radio phosphorus is being used in experiments in the treatment of leukemia, the dread disease of the blood cells.

A number of radio elements are being used to study the metabolism of the body. Sensitive instruments which react to the rays emitted enable the scientists to trace the distribution and deposition of radio elements such as phosphorus and potassium in the body.

The four radioactive germanium species were reported by Doctors Glen T. Seaborg, instructor in chemistry, J. J. Livingood, former research associate in the Radiation Laboratory, and Gerhart Friedlander, graduate student in chemistry.

Awards Made for Tuberculosis and Syphilis Control Programs.—In connection with the annual Inter-Chamber City Health Conservation Contest there are two special contests, one for the most noteworthy achievement in tuberculosis control, the other for the most effective syphilis control programs in view of the importance of these diseases in relation to national defense. These contests are conducted by the United States Chamber of Commerce in coöperation with the American Public Health Association. The Grading Committee, a group of nationally known health experts under the chairmanship of Dr. W. S. Rankin of Charlotte, North Carolina, today announced the following winners:

For the most effective tuberculosis control programs: Hartford, Conn.; Newton, Mass.

For the most effective syphilis control programs: Chicago, Ill.; Louisville, Ky.; Memphis, Tenn.; Pasadena, Calif.

These awards have nothing to do with the prevalence of tuberculosis or syphilis in these cities. The awards do mean that these cities have, among those participating, developed and organized their community resources and

* From: *The Lame, The Halt, and The Blind*. By Howard W. Haggard, M. D.

facilities so as to reduce and control most effectively whatever tuberculosis and syphilis problems they may have.

Important questions asked and answered in these contests include: How successful is your city in finding its tuberculosis and syphilis patients early, in getting them under treatment and keeping them under treatment until well, in having contacts and possible sources examined and placed under treatment if found to be infected? Do the people of the city know how these diseases are contracted and spread, the dangers of improper or quack care, and the fact that these diseases can only be cured by continued long treatment?

How does your city stand in combating these important diseases—syphilis and tuberculosis?

National City Health Contest Winners Announced: How Was Your City's Health in 1940?—That is the question which is asked and answered in the Inter-Chamber City Health Conservation Contest conducted annually by the United States Chamber of Commerce in coöperation with the American Public Health Association. The winners of the 1940 Health Contest—cities placed on the National Health Honor Roll—are: Baltimore, Md.; Evanston, Ill.; Greenwich, Conn.; Hackensack, N. J.; Hartford, Conn.; Honolulu, Hawaii; Madison, Wis.; Memphis, Tenn.; Newton, Mass.; *Pasadena, Calif.*

This Honor Roll—an award desired by all participating cities and appreciated by those attaining it—does not mean that these cities are necessarily the healthiest cities. It does mean that they have been judged by a group of nationally known health experts (under the chairmanship of Dr. W. S. Rankin of Charlotte, North Carolina) to have provided the most effective community-wide health protection services for their people. In short, these are the cities which have organized on a community-wide basis to solve most effectively their own public health problems, such as water supply, sewage disposal, tuberculosis, syphilis, industrial hazards, maternal and child health problems, the provision of an adequate safe milk supply and many other public health essentials.

Even these cities have not finished their whole task because scientific knowledge is always ahead of its application, but they have gone farther along the road to good health, in relation to their own problems, than other participating cities.

It is interesting to observe that none of the ten cities placed on this National Health Honor Roll could have attained that distinction ten years ago.

This is the twelfth year of the City Health Contest. Altogether some 133 cities were enrolled, representing thirty-five states and the Territory of Hawaii.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Medical Groups Are Convicted on Antitrust Counts*
Individual Physicians Are Freed—Appeal to Higher Court Is Seen

Washington, April 5 (AP).—Conviction of the American Medical Association and the Medical Society of the District of Columbia on charges of violating the Sherman Antitrust Act appeared headed today toward supreme court review.

A federal district court jury, after twelve hours' deliberation last night, found the two medical groups guilty, but freed eighteen individual defendants.

Appeal Is Planned

It was understood the counsel for the organizations will carry the case to the District of Columbia Court of Appeals. A decision of that court would leave an appeal to the high tribunal, the last resort of the loser.

The medical societies and the individual physicians were charged by the Government with conspiracy in restraint of trade and interference with the work of the Group

Health Association, a coöperative of government employees who pay a fixed fee for medical advice.

The defense contended medical practice is not a trade as defined by the Sherman Act. Justice James M. Proctor, who presided, so ruled in 1939 in holding the original indictment invalid. The court of appeals reversed, however, and the supreme court refused to review the appellate court's action.

Claimed Conspiracy

In summarizing the arguments, Justice Proctor said the Government contended the medical societies conspired to prevent the successful operation of Group Health "through threats of disciplinary action and expulsion; by denying them professional contacts and consultations with other physicians and by means of the societies' power coercing the hospitals to deny Group Health doctors facilities for treatment of their patients."

Dr. Morris Fishbein, one of the individual defendants and editor of *The Journal of the American Medical Association*, said:

"Regardless of the verdict, the A. M. A. will continue to do its utmost for the prevention and treatment of disease and the improvement of the public health."

Doctors Acquitted

Besides Doctor Fishbein, the other doctors acquitted are: William D. Cutter, Rosco G. Leland, Olin West, and William C. Woodward, officers of the American Medical Association; and Arthur C. Christie, Coursen B. Conklin, James B. G. Custis, Robert Arthur Hooe, Thomas E. Mattingly, Francis X. McGovern, Thomas E. Neill, Edward H. Reede, William M. Sprigg, William J. Stanton, John O. Warfield Jr., Prentiss Wilson, and Wallace M. Yater, all of Washington. Indictments against Dr. Leon A. Martel and Dr. Joseph R. Young, also of Washington, were quashed two weeks ago for insufficient evidence.

Dr. Thomas A. Groover died before trial. In the case of the Washington Academy of Surgery and the Harris County (Texas) Medical Society, the jury, during the course of the trial, was directed to acquit.

Sentence will be imposed next week. The convicted societies are liable to fines up to \$5,000 each.—*Sacramento Bee*, April 5.

* * *

Assembly for Ban on Alien Doctors

Medical Reciprocity Measure Passes Lower House

Sacramento, April 24 (AP).—A medical reciprocity bill, which its author said virtually excludes foreign foreign physicians and surgeons from seeking a practice in California, was passed by the Assembly today, 54 to 13.

Introduced by Assemblyman Roger Pfaff of Los Angeles, the proposed act provides that no physician or surgeon shall be licensed to practice medicine in California if American physicians are excluded from practice in the country of his citizenship. Pfaff pointed out that a reciprocity agreement now is in effect between the United States and Germany.

Assemblyman Albert Wollenberg of San Francisco opposed the bill in its original form and was successful in obtaining reconsideration. On his insistence, the author added amendments which will exempt those now serving internship.—*San Francisco Examiner*, April 25.

* * *

Medical Association Blames Seventeen Deaths on Poisoned Pills

Warning Repeated to Physicians and Druggists to Check Stocks Against Contaminated Bottles

Chicago, April 7 (UP).—The American Medical Association disclosed tonight that seventeen deaths in eight States "may have resulted" from sulphathiazole pills contaminated with phenobarbital, a powerful sedative.

The American Medical Association repeated its warning of a week ago to physicians and druggists for a thorough check of their stocks to prevent further distribution of the poisoned pills.

The official American Medical Association journal said reports of illness or death from the contaminated tablets "continue to accumulate." The *Journal* said analyses of the death causes in cases of severe pneumonia and infection "are very difficult," and frequently the disease itself is the sole cause.

The American Medical Association said the Winthrop Chemical Company, New York, had succeeded in recalling many bottles of the poisoned pills, mistakenly shipped in December, 1940.

Deaths from the tablets were reported at Allentown, Norristown, Palmerton, Philadelphia and Clear Field, Pennsylvania; Lincoln, Nebraska; Farmington, Missouri; Worcester, Massachusetts; Louisville, Kentucky; New Orleans, Louisiana; Edenton, North Carolina; and Tyler, Texas.—*Los Angeles Times*, April 8.

* For editorial comment, see page 255.

Find One Thousand of Poisoned Pills in Sacramento

Sacramento (AP).—Milton P. Duffy, chief of the State Bureau of Food and Drug Inspection, State Department of Public Health, said today he found here one thousand of the contaminated pneumonia medicinal tablets of a December code, MP076, for which a thorough search has been made throughout the country.

An additional ninety tablets were found in Stockton, and all were seized by John L. Harvey of San Francisco, chief western inspector for the United States Bureau of Foods and Drugs.

The American Medical Association disclosed Saturday that phenobarbital, a powerful sedative drug, was used inadvertently in the manufacture of the tablets which a New York firm issued as sulphathiazole.—Vallejo News, April 1.

* * *

Dental Association Opens Convention

The seventy-first annual convention of the California State Dental Association opened today at the Fairmont Hotel, with more than 1,800 dentists in attendance. Sessions will last through Wednesday.

The program, arranged by Dr. Ernest L. Johnson, program chairman, includes lectures, clinics and motion pictures of latest dental technique.

Speakers today included Dr. Morris Fishbein, editor of *The Journal of the American Medical Association*; Dr. John Seybold of Denver and Dr. Wilfred Hall Terrell of Pasadena.

The annual president's dinner is scheduled for tomorrow night and installation of new officers will be held Wednesday.—San Francisco News, April 21.

* * *

New Developments in Dental Science Told

Latest developments in the field of dental research were revealed here yesterday at the annual convention of the California State Dental Association at the Fairmont Hotel.

Dental fillings made out of a synthetic plastic material which can be colored to match the natural appearance of teeth were shown to more than 1,500 dentists attending the convention.

The new plastic material, hailed as a probable substitute for gold inlays, metallic fillings and bridgework, is acrylic resin, a substance derived from coal. . . .

Vitamin Talk

Dr. Morris Fishbein, American Medical Association spokesman, told a general meeting of dentists that after ten years of intensive research, scientists were just beginning to know something about vitamins.

Criticizing the indiscriminate use of vitamin pills and tablets, Doctor Fishbein declared that "It is about all scientists can do today to halt certain exploiters of misinformation from selling vitamins to the public before enough is known about them."

He said the public had been badly misled regarding the "cure all" effects of vitamins and advocated a closer study of their composition and use by doctors and dentists.

Highlight of today's session will be a speech by Colonel Robert H. Mills of the Army Dental Corps, who will speak on "Dentistry's Part in the National Defense Program."

The convention will close this afternoon following a general business meeting.—San Francisco Examiner, April 23.

* * *

Cancer Control Society to Conduct Educational Campaign During April

Once again the Woman's Field Army of the American Society for the Control of Cancer is going ahead with its educational campaign during the month of April, which has been proclaimed Cancer Control Month by President Roosevelt.

The work of the Field Army is to reduce cancer mortality through education, stressing the fact that early cancer is curable and that we should fight cancer with knowledge. Such an educational program seeks to provide men, women, and children with the best scientific information concerning cancer. This is undertaken through literature, radio broadcasts, speeches, exhibits, and personal contacts. . . . —Vallejo News, April 1.

* * *

Increased Medical Service Pledged for Counties

San Francisco—Increased service to every county in California was pledged recently by authorities of the University of California Medical School as they requested an appropriation of two million dollars for the erection of a new 500-bed clinic hospital here.

The special facilities and services of the Medical School are available to private physicians and county hospitals who ask for assistance in special medical problems.

In 1930, there were 480 patients referred to the Medical School for consultation and treatment. Two years ago, 1,700 physicians referred 4,154 such patients to the hospital and clinic.

The present hospital, built in 1917 by friends of the University, is now hopelessly inadequate to meet the increased demands upon it, authorities say. If it had the space, the Medical School could have accepted two or three times as many referred clinic and hospital patients as it received in the past year. At present, only the most urgent cases can be accepted, and it has even been necessary to refuse some of these because there were no beds available, it is said.

The Medical School now has a combination of cancer-fighting weapons available nowhere else in the world, many of these developed at the University. However, the full benefit of the new developments and of other important discoveries and methods of treatment cannot be widely applied because of lack of space. With the new hospital, the Medical School would become one of the leading American centers for cancer treatment and research, authorities said.

Although the new hospital would be very nearly self-supporting from the revenues of those able to afford hospital care, it would still be possible for hundreds unable to pay to receive free treatment.—Sacramento Daily Recorder, April 9.

* * *

"Goat Gland" Brinkley Bankrupt

John R. Brinkley, the transplanted Kansas "goat gland" specialist on the Mexican border, recently was on record as a bankrupt.

He listed obligations "in excess" of his \$30,000 assets in a voluntary petition accepted by R. O. Huff, referee in bankruptcy.

The creditors will meet next week in Del Rio, across from which, at Villa Acuna, Mexico, is XER, the super radio station which advertised Brinkley's hospitals at Del Rio and Little Rock, Arkansas.

Brinkley's fabulous career included politics and radio selling that were unique in his heyday. Twice, in 1930 and in 1932, he ran for governor of Kansas and each time almost was elected. He talked about running for the senate.

From his first so-called goat gland operation in 1917, Brinkley built up a \$30,000 a week operations business at his Milford, Kansas, hospital.

With his radio station KFKB there he urged hundreds of aged to seek treatment. Kansas deprived him of his license to practice medicine and his treatment was heavily attacked.

But he claimed he was being "persecuted," and called for more votes and patients.

He sued the Kansas City *Star* for \$5,000,000 libel but failed to collect. The *Amarillo News-Globe* and the American Medical Association were parties to his suit.

When the federal communication commission revoked his radio license he established XER at 100,000 watts, stepping it up in 1931 to a reported 500,000 watts.—Los Angeles News.

* * *

Wise Spending to Build New University of California Clinic Hospital

There is no appropriation before the state legislature that deserves more careful and sympathetic attention than the request for money to build a new clinic hospital at the University of California Medical School.

The need for additional facilities to provide specialized hospital service for all northern California is pressing and immediate.

The present University of California Hospital has become utterly inadequate, both for a medical school and as a hospital. Unless a new hospital is built, the whole medical school will be strangled for lack of space and must gradually fall from its present high rank to an inferior status. The medical school is simply bursting out of its walls and must expand or fall.

But that is only a part of the story. Clinic patients are sent to the University of California Hospital from every county in northern California. These patients all require treatment which cannot be given in their home counties, because it is impossible to maintain, at more than one point, the specialized service and highly expensive equipment required for this treatment. For example, and only as one example among many, the University of California Hospital has a million volt x-ray machine.

The present hospital was built by private donations. The state contributes a comparatively small amount annually to its upkeep. The new hospital will be self-supporting from the small fees collected from those able to pay a part of the usual hospital costs, though hundreds, unable to pay, will get free treatment.

The legislature is asked for nothing except the money to build and equip the hospital building.

It would be unwise economy and bad politics on the part of the economy bloc to kill this project on the general grounds that the legislature must refuse any and all requests for capital outlays.

The rejection of this extremely necessary clinic hospital would put a strong weapon into the hands of the economy bloc's enemies. It would permit them to say: "Here are men, women and children dying in the poorer counties because the legislature was too parsimonious to give them a fighting chance for life."

The *Examiner* believes that the legislature will see the wisdom of providing some capital expenditures and, among all of those proposed, none is worthier than this.—Editorial, *San Francisco Examiner*, March 28.

LETTERS†

Concerning Meeting of American Prison Association.

MEDICAL DEPARTMENT
CALIFORNIA STATE PRISON
AT SAN QUENTIN

April 26, 1941.

To the Editor:—Enclosed you will please find a letter from James A. Johnston, Warden of Alcatraz and President of the American Prison Association.

Warden Johnston has asked me to assist in bringing this meeting to the attention of the doctors. . . .

Yours very truly,
LEO L. STANLEY,
Chief Surgeon.

✓ ✓ ✓

(COPY)

THE AMERICAN PRISON ASSOCIATION

Alcatraz, California.
April 24, 1941.

Dr. L. L. Stanley, Chief Surgeon
California State Prison
San Quentin, California

Dear Doctor:

Thank you very much for your letter of April 23, 1941, advising me about the California State Medical Society meeting at Del Monte, May 4-6. Your offer to put up a notice inviting the doctors to attend the American Prison Association Congress at the Fairmont Hotel, August 18-22, 1941, is very agreeable to me and I assure you that your thoughtfulness in that respect is very much appreciated.

If you deem it desirable, you may read this letter in which, in my capacity as president of the American Prison Association, I extend an invitation to all the members of the California State Medical Association to attend the sessions of the American Prison Association Congress at the Fairmont Hotel, San Francisco, August 18-22, 1941.

For the further information of your associates, may I say that the American Prison Association was organized in 1870. Its purpose is to study, develop, and constantly improve the methods for control of crime and correction of offenders. Within the membership of the organization are wardens of prisons, superintendents of reformatories, heads of juvenile agencies, medical officers of the institutions, psychiatrists, psychologists, educators, members of the judiciary, ministers, priests, social workers in or bordering on the fields of delinquency.

During the Congress there are general sessions and special sessions and discussion group meetings. The program for one day will be under the sponsorship and direction of physicians dealing generally with matters of health.

† CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.

I really believe that many of the discussions would be interesting to members of the California State Medical Association and I cordially invite them to attend.

Sincerely,

JAMES A. JOHNSTON,
President.

Concerning Physicians' Samples.

To the Editor:—We have been asked by a number of advertisers to help discourage a movement to collect physicians' samples for British Relief.

By publishing the following news item you can ingratiate your JOURNAL with these important advertisers.

Very truly yours,

COÖPERATIVE MEDICAL ADVERTISING BUREAU.
H. L. Sandberg, Director.

✓ ✓ ✓

As much as we individually might be in sympathy with the "Bundles for Britain" movement, one recent phase of it hardly has our approval.

At several points in the country there has been a movement to collect the samples left by pharmaceutical detail men in physicians' offices and include them in the shipments for British Relief. This is an expensive and uncontrolled way of supplying pharmaceutical products.

Most all of the pharmaceutical manufacturers have individually donated supplies with vitamin capsules and other needed pharmaceutical products to the British Relief at no charge.

The packaging of a sample increases the cost and if these samples are collected and sent to Britain, then the purpose for which they were intended, that is, for the use of physicians, is not accomplished, and the heterogenous material that reaches British Relief probably would have little value. Many samples left physicians would be dangerous if used indiscriminately without the advice of a physician.

In some cases individual city and county medical societies have been asked to coöperate with the collection of these samples. It is our opinion that such coöperation should be refused for the obvious reasons stated.

H. L. S.

MEDICAL JURISPRUDENCE†

By HARTLEY F. PEART, ESQ.
San Francisco

Vasectomy and Salpingectomy Under California Law

PART I*

In recent years there has been considerable discussion pro and con, with respect to sterilization of humans. Sterilization involves social, economic, and legal problems with all of which physicians are vitally concerned. In this article we shall limit ourselves to a discussion of the legal aspects of sterilization, particularly emphasizing the duty and privileges of physicians.

It must be understood that we are not approaching the problem of human sterilization from a social point of view; that is to say, we are neither advocating sterilization nor opposing it; we are neither endeavoring to point out how it can be done with legal safety, nor are we endeavoring to discourage sterilization operations by erecting or magnifying legal obstacles. On the contrary, we shall merely endeavor to analyze those rules of law which, in our opinion, are applicable and that govern physicians who

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from and syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.

* Part II will appear in next month's issue.

undertake to determine whether or not a particular person should be sterilized.

Any discussion of the legal status of sterilization must be divided into: first, compulsory sterilization by state agencies; and, second, voluntary sterilization by private physicians. In turn, the second division should be subdivided into: first, the criminal law as applied to sterilization; and, second, the civil liability, if any, arising out of sterilization.

I. Compulsory Sterilization by the State

Status of Compulsory Sterilization.—California has become the leading state in development and application of the policy of sterilizing unfit persons. Of some eight or nine thousand compulsory sterilizations performed in this country up to 1938, approximately six thousand occurred in this state. These numbers have without doubt increased several thousand since 1938.

The California statutes under which these sterilizations have been performed are:

Section 6624 of the Welfare and Institutions Code, which provides:

The provisions of this section apply to any person who has been lawfully committed to any state hospital, and who is afflicted with, or suffers from, any of the following conditions:

- (a) Mental disease which may have been inherited and is likely to be transmitted to descendants.
- (b) Feeble-mindedness, in any of its various grades.
- (c) Perversion or marked departures from normal mentality.
- (d) Disease of a syphilitic nature.

Before any such person is released or discharged from a state hospital, the State Department of Institutions may, in its discretion, cause such person to be sterilized. Such sterilization, whether performed with or without the consent of the patient, shall be lawful and shall not render the department, its officers or employees, or any person participating in the operation liable either civilly or criminally.

and Penal Code, Section 645, which states that:

Whenever any person shall be adjudged guilty of carnal abuse of a female person under the age of ten years, the Court may, in addition to such other punishment or confinement as may be imposed, direct an operation to be performed upon such person for the prevention of procreation.

and Deering's General Laws, Act 539, which provides that whenever the resident physician of the state prison deems it to be beneficial to the physical, mental, or moral condition of any recidivist lawfully confined in such prison to be asexualized, such physician shall consult with the general superintendent of state hospitals, and the secretary of the State Board of Health, and after a joint examination into the particulars of the case the three may direct the operation to be performed. However, such operation cannot be performed unless the recidivist has been committed to a state prison at least twice for rape, seduction, etc., and has given evidence that he is a moral and sexual degenerate. The Act also provides that any minor idiot may be asexualized under the direction of the medical superintendent of any state hospital with the written consent of the parents or guardian.

Nineteen states have some statutory regulation of sterilization. The objective of eleven of these is both eugenic and therapeutic, of six purely eugenic, and of two eugenic, therapeutic and penal. Seven statutes provide both for voluntary and compulsory sterilization, seven for compulsory sterilization only, and five for voluntary sterilization only. Three-fourths of the operations throughout the country have been on the insane, one-fourth on the feeble-minded; and of the total, more than one-half have been on males.

With respect to those persons who are within the foregoing statutes (*i. e.*, feeble-minded, perverted or syphilitic persons, recidivists, rapists, and persons with inherited mental diseases), sterilization by a state agency is lawful.

II. Sterilization Outside of State Institutions

Therapeutic Sterilization.—In California there is no statute expressly granting or denying the right to perform or have performed a sterilization operation outside of state institutions. However, it would seem reasonable to conclude that, at least in so far as therapeutic sterilization is concerned, it can be performed legally under some conditions even in the absence of express permission of law. The scope of those conditions can only be ascertained or surmised by drawing analogies to similar laws. It is quite likely that the rules relating to abortions would govern since the avowed purpose to be accomplished is similar even though there is no "taking of a life" in sterilization operations. In relation to abortion, the Penal Code of California, Section 274, provides:

Every persons who provides, supplies, or administers to any woman, or procures any woman to take any medicine, drug or substance, or uses or employs any instrument or other means whatever with intent thereby to procure the miscarriage of such woman, *unless the same is necessary to preserve her life*, is punishable by imprisonment in the state prison not less than two nor more than five years.

In abortion cases it is necessary that the physician determine for himself that the patient's life will be endangered by pregnancy. There are no guide-posts to assist the physician in this determination and, therefore, as a protection to himself, consultation and approval of one or more other physicians should be obtained. Whenever this care has been taken, the physician may feel fairly certain as to his immunity. There is no case on record in which a physician has been held responsible criminally or civilly under such circumstances. As to the exact illness or condition that must be present, no suggestion can be offered, except that any physical condition which would endanger the mother's chances of surviving childbirth is undoubtedly sufficient ground for the operation. In the light of this, it can be said that sterilization of the female may properly be performed under like circumstances.

As to the male, the situation is more difficult. In *Christensen vs. Thornby*, 255 N. W. 620, Minn. 1934, the facts were as follows: A vasectomy had been performed upon a male because his wife's life would have been endangered by pregnancy. Thereafter, the physician was sued for damages on the ground that he had advised the plaintiff that the vasectomy had been successful and guaranteed sterility. Some time following the operation, however, the plaintiff's wife became pregnant and plaintiff, because of his wife's condition of health which would render childbirth dangerous, experienced anxiety and was subjected to considerable expense before and after the birth of the child. The Court, in rendering a decision in favor of the defendant physician, stated that there was nothing immoral about such an operation since most states permit the same upon the female to protect her life, and that there is no reason why the husband should not be permitted to submit to a vasectomy to protect his wife since there is much less danger involved in that operation than in a salpingectomy. The Court stated that the argument that the husband might later marry some other woman and be incapable of progeny is not sufficient to render the operation immoral. The Court stated:

Therefore, in our opinion, it was entirely justifiable for them to take the simpler and less dangerous alternative and have the husband sterilized. Such an operation does not impair, but frequently improves, the health and vigor of the patient. Except for his inability to have children, he is in every respect as capable physically and mentally as before. It does not render the patient impotent or unable "to fight for the king" as was the case in mayhem or maiming. Liability of Physicians for Sterilization Operations, Am. Bar Assn. Jour., Vol. 16 (1930), p. 158. See *Smith vs. Wayne Probate Judge*, 231 Mich. 409, 417, 204 N. W. 140, 142, 143. We, therefore, hold that under the circumstances of this case the contract to perform sterilization was not void as against public policy, nor was the performance of the operation illegal on that account.

(To be continued)

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIV, No. 5, May, 1916

From Some Editorial Notes:

The Fresno Meeting.—The forty-fifth annual session of the Medical Society of the State of California, held at Fresno, April 18, 19 and 20, 1916, was a very distinct success. About 325 registered; and even though this is the busiest time of year for the hotels in Fresno, and there was some little trouble in getting all those in attendance properly cared for, still this was done with the assistance of the local committee and everybody seemed pleased. The thanks of the profession are certainly due to the members of the local Committee of Arrangements, all the members of which worked overtime to help things along.

As it is so late in the month when the meeting closes, and as there are so many important reports to prepare, it is not possible to publish in this issue of the JOURNAL the full minutes of the session.

The election resulted as follows:

Dr. George H. Kress, Los Angeles, president.

Dr. L. R. Wilson, Fresno, first vice-president.

Dr. John C. Yates, San Diego, second vice-president.

Dr. Philip Mills Jones, San Francisco, secretary.

All of the outgoing councilors were reelected with the exception of Doctor Kress, and in his place Dr. Clarence Moore of Los Angeles was elected councilor.

The place of meeting for the session of next year was made San Diego (Coronado).

A great deal of very important business was transacted, and the attention of every member is earnestly requested for the consideration of these matters when they appear in the next number of the JOURNAL.

Take Warning! Health Insurance.—... Industrial accident insurance has in a great measure replaced the old schemes of employers' liability. Physicians in this State well remember how they at first objected to the medical features of the plan, and how ineffective their resistance proved. And even now, as we write, we see one county society declaring that "no fee bill for industrial accident insurance work be accepted again by the State Medical Society." But as in the past, no better scheme is proposed. *La critique est aisée, l'art est difficile.*...

... "Sickness" or rather "health insurance" is in the air. The magazines are discussing it. Social workers are investigating it. Commissions are being appointed for its study. Before we know it, it will be upon us. How are we to face it?

It is true that the success of sickness insurance depends largely upon the successful organization of medical aid. But if the profession has no views, no plan to suggest, insurance companies and commissions will have, and it is in order to arouse interest in these live issues that we reproduce an editorial which appeared in the *New York State Journal of Medicine* of February, 1916, apropos of a Health Insurance bill introduced in their legislature.

Records.—Once more we refer to the very important subject of records. This time it is brought forcibly to mind (Continued in Front Advertising Section, Page 16)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By CHARLES B. PINKHAM,
Secretary-Treasurer

News

"Governor Culbert L. Olson today announced the appointment of Dr. Frederick N. Scatena of Sacramento as a member of the State Board of Medical Examiners, succeeding Dr. C. E. Schoff, also of Sacramento, whose term had expired. Doctor Scatena, whose residence is 1435 Forty-fifth Street, was appointed to a term ending on January 15, 1945." (Sacramento *Bee*, March 3, 1941.)

Charles B. Pinkham, Secretary-Treasurer of the Board of Medical Examiners of the State of California, reports results of the written examination held in Los Angeles on February 25 to 27, inclusive, 1941. The examination for physicians and surgeons covered nine subjects and included ninety questions. An average of 75 per cent is required to pass. Seventy-four applicants wrote the examination. Included in the applicants were several graduates of foreign medical schools.

The highest mark for physicians and surgeons (88 1/9 per cent) was made by Charles Henry Cutler, 2323 Lake Street, San Francisco, a graduate of the University of Southern California School of Medicine, June 4, 1938.

The following is a list of successful applicants:

Harry Saul Altwerger, Los Angeles, University of Toronto Faculty of Medicine, Canada.

Maxwell "M." Andler, Jr., Los Angeles, University of Southern California School of Medicine.

Vittorio G. Arcadi, Los Angeles, Johns Hopkins University School of Medicine.

George Babbitt, San Diego, University of Michigan Medical School.

Robert George Bachhuber, Los Angeles, University of Wisconsin Medical School.

Joseph Beber, Los Angeles, University of Toronto Faculty of Medicine, Canada.

Vernon Purva Brickey, San Bernardino, University of Kansas School of Medicine.

Ridgway Hulin Brothers, Berkeley, Northwestern University Medical School, Illinois.

Ferris Cyril Burleson, Fresno, State University of Iowa, College of Medicine.

Ralph Louis Burton, Jr., Los Angeles, University of California Medical School.

Charles Edwin Carmack, Los Angeles, Baylor University College of Medicine, Texas.

Wayne Metcalf Caygill, Los Angeles, University of Wisconsin Medical School.

Kenneth Joseph Cosgrove, San Francisco, Creighton University School of Medicine, Nebraska.

Mary Elizabeth Costello, San Francisco, Creighton University School of Medicine, Nebraska.

Charles Henry Cutler, San Francisco, University of Southern California School of Medicine.

James Lowden Dennis, Oakland, University of Oklahoma School of Medicine.

Siegfried Fischer, San Francisco, Friedrich Wilhelm University of Breslau, Silesia, Germany.

Edgar Freuder, Berkeley, University of Vienna Faculty of Medicine, Austria.

Bernard Berlin Gadowood, Los Angeles, University of Kansas School of Medicine.

Clara Gans, San Francisco, University of Groningen, Faculty of Medicine, Holland.

Andrew Bennett Goddard, San Francisco, Baylor University College of Medicine.

Alan Winchester Gray, San Francisco, McGill University Faculty of Medicine, Canada.

Roy Bartlett Hammond, Oakland, George Washington University School of Medicine, Washington, D. C.

Thomas Edward Hanigan, Oakland, University of Colorado School of Medicine.

Wayne Pierre Hanson, Los Angeles, Jefferson Medical College of Philadelphia, Pennsylvania.

(Continued in Front Advertising Section, Page 26)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.



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BOARD OF MEDICAL EXAMINERS

(Continued from Front Advertising Section, Page 30)

Board fails to place the schedule in effect 'in a reasonable time,' Dr. L. Henry Garland, Secretary of the Society, said. Meanwhile, President Cameron King of the System's board announced that because of a lack of a quorum the directors had been unable to consider approval of January physicians' fees, and the February hospital and laboratory fees. Only three out of the eight directors had answered his summons for a special meeting, he said." (San Francisco News, March 28, 1941.) (Previous entries, April, May, 1939; February, September, and December, 1940; January, 1941.)

"January doctors' bills, totaling \$22,617, were ordered paid yesterday by the City Health Service Board. This was on the basis of 69 cents per unit of service rendered, somewhat less than the average, but 13 cents more than paid for December. . . ." (San Francisco Examiner, April 1, 1941.)

"A proposal to extend county hospital services to pay patients, who would be entitled to select their own physicians, met defeat in the Assembly Governmental Efficiency Committee last night. . . ." (San Francisco Call-Bulletin, April 3, 1941.)

"Kern County's Board of Supervisors yesterday morning faced a one-man verbal firing squad in the person of Attorney Wiley C. Dorris, as controversy over the administration of Kern General Hospital flamed anew for the third consecutive week. Attorney Dorris delivered a blistering attack against Dr. Joe Smith, superintendent of the hos-

pital, and the policy of allowing county-hired physicians to carry on lucrative outside practices. The lawyer's long statements followed closely on the heels of the reading of a letter from Doctor Smith to the Board, in which he once again defended the present policy at the hospital. . . . Attorney Dorris prefaced his remarks by saying that he . . . was thoroughly opposed to paying Doctor Smith the sum of \$9,000 a year for part-time work . . . that Kern County Superior Court judges were paid only \$6,000 a year, and the District Attorney only \$4,500, and neither allowed outside practice. . . ." (Bakersfield Herald, March 18, 1941.)

"Self-styled Prince Alexis Romanoff, who claims to be the son of the late Czar Nicholas of Russia, was the center of a border mystery tonight. He was found wandering about the streets of Tia Juana heavily manacled and his wrists cut and swollen by unavailing efforts to dislodge the handcuffs. He told Mexican police that he had been kidnapped in Reno, Nevada, and had been driven to the border and tossed out of the automobile there by his abductors. He could give no reason for the kidnapping and was held in custody pending police investigation of his weird story. . . . Romanoff, according to (American Consul Jerrold) Hokma, declared he had recently spent sixty days in jail in Reno, awaiting deportation hearing at which he had eventually been cleared of charges of entering the United States illegally. . . ." (Press dispatch, dated Tia Juana, Mexico, March 15, and printed in the San Francisco Examiner, March 16, 1941.)

"District Attorney Brown said today that he and the sheriff's office had conducted an investigation and found no evidence of kidnapping in the case of 'Dr.' Alexis Romanoff.

(Continued on Page 36)

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BOARD OF MEDICAL EXAMINERS

(Continued from Page 34)

who was found handcuffed at Tia Juana, Mexico, last night. 'The entire story has been concocted,' Brown declared. 'Our investigation shows that Romanoff's automobile is missing and Mrs. Hazel Parcell, at whose home he has been staying, told us that he left there Thursday saying he would probably be kidnaped by Red Russians.' The United States attorney's office here said Romanoff's record had been forwarded to Mexican border officials and inasmuch as 'he has been adjudged a deportable alien and has left the country, he will not be allowed to return under the law.' (Press dispatch, dated Reno, Nevada, March 15, 1941, printed in the *San Francisco Examiner*, March 16, 1941.) (Previous entries, May, 1938; February and August, 1939; February, 1940.)

"Mrs. Clara Brault, thirty-three, 1054 Evelyn Street, Albany, a nurse, was indicted yesterday by the Alameda County Grand Jury on charges of performing a series of illegal operations. Ten women and five men were called as witnesses by the jury. Testimony tended to show that operations had been performed on ten women of seventeen to twenty-four years of age. She is held on \$5,000 bail." (*San Francisco Chronicle*, March 19, 1941.) (Previous entry, April, 1941.)

"Jury trial of Robert T. Fowler on nine counts of practicing medicine without a license was continued yesterday in Justice of the Peace Grandin H. Miller's court when the panel was exhausted before a jury was selected. Fowler, a resident of Oakland, is charged in a complaint brought by J. W. Williams, investigator for the State

Medical Board, with prescribing for and treating Josephine Sportello." (*San Jose Mercury-Herald*, March 13, 1941.) (Previous entries, May, June, August, 1926; April and May, 1929.) (Report from Assistant Special Agent Williams, dated April 8, 1941, stated Fowler was acquitted.)

"Edward Joseph Delehanty, thirty-five, of Gustine, today was sentenced to San Quentin Prison by Superior Judge Hal S. Shaffer after pleading guilty to using and illegally obtaining a diploma to practice as a physician and surgeon. Delehanty was arrested yesterday by T. P. Hunter, special agent of the State Board of Medical Examiners, and District Attorney Allen A. Henderson of Merced County. He waived his preliminary hearing and pleaded guilty. Delehanty had lived in Gustine for six months and had been employed as a bacteriologist in the Gustine Creamery. Henderson said Delehanty used an illegally obtained diploma from the University of Colorado Medical School to obtain his position with the creamery, and on at least two occasions since his arrival in Gustine assisted other doctors in surgical work." (Press dispatch, dated Merced, April 11, 1941, and printed in the *Fresno Bee*, April 11, 1941.) (Special Agent Hunter relates the above is the same individual who, under the name of Aaron Raffelson, was featured in *The Journal of the American Medical Association*, February 1, page 433.)

"Convicted by a jury of practicing medicine without a license, and advertising himself as a doctor without authority, Albin Humbert, physiotherapist, of 257 East William Street, today had been placed on two years' probation by Justice of the Peace Grandin H. Miller. Agents of the State Board of Medical Examiners arrested Humbert." (*San Jose News*, April 3, 1941.)

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Warns Against the Risks of Undulant Fever.—Even persons whose usual milk supply is pasteurized may be in danger of contracting undulant fever, also called brucellosis, from such sources as a soda fountain beverage in some small community in the course of a motor trip, or cream in coffee at a resort hotel, Dr. Harold J. Harris, Westport, New York, warns in *Hygeia, The Health Magazine*.

In pointing out the necessity of precautions against this disease, which is transmitted to human beings through germs in unpasteurized milk, Doctor Harris declares: "The label on the bottle from a reliable dairy stating that the milk is pasteurized is the only safe guarantee. No vague assurance that the herd producing the milk has been tested

should be enough. The test may have been for tuberculosis, not for contagious abortion (a term for undulant fever in cattle).

"Sample group testing seems to indicate that about 10 per cent of the population has become infected with the germ and cases have been reported from all over the civilized world. Of those infected, about one per cent are actively ill; the rest, while harboring the germ in their tissues, may never develop serious illness, or if they do, it may be only evanescently following some depleting, resistance-destroying experience. Coexistence with other diseases may bring serious results.

"Like syphilis, undulant fever is a great masquerader, appearing under many guises. Two cases of brucellosis rarely act alike. Until quite recently only the acute form was recognized. Since the introduction of more accurate tests, the chronic form is known to be far more common than the acute. In the chronic form, the one symptom common to all patients is fatigue."

Latex Compound Developed for Making Artificial Ears and Noses.—A compound utilizing prevulcanized latex as the basic substance, for making artificial ears and noses for patients when surgical reconstruction of the missing parts is inadvisable, is reported in *The Journal of the American Medical Association* by Arthur H. Bulbulian, D. D. S., Rochester, Minnesota.

The compound overcomes the deficiencies of previously used materials in that it combines the durability of vulcanite or metal and the translucence of gelatin-glycerin mixture. Latex is the creamy sap of the rubber tree from which all natural rubber goods are made.

Doctor Bulbulian points out that the absence of the nose and the absence of the ear as a result of disease, injury, or developmental failure are two common types of facial deformities for which restoration is indicated and that reconstruction by plastic surgery always should be given first consideration. He says that there are, however, conditions in which the latex compound he has developed is useful. He names these conditions as:

"1. When the patient is of advanced age.

"2. When the patient needs an immediate restoration in order to carry on his or her work after removal of a malignant growth before reconstruction by surgical methods is advisable.

"3. When the patient is unable financially to pay for hospitalization for a plastic surgical operation.

"4. When operation is considered inadvisable because of the situation or extent of the defect."

He says he has been using the latex compound with considerable success for the past five years.

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Woman's Death Is Attributed to Permanent Wave Solution.—The death of a young woman from acute hydrogen sulfide poisoning as a result of absorption through the scalp of the substance which was contained in a heatless permanent wave solution is reported by Doctors Allen H. Bunce and Francis P. Parker, and George T. Lewis, Ph.D., Atlanta, Georgia, in *The Journal of the American Medical Association*. The death occurred within a few minutes after the permanent wave treatment had been started.

In their report of the case, the three authors say: "On March 19, a healthy young married woman, mother of three children, drove her car, accompanied by a woman friend, from her home to Atlanta—a distance of forty miles—where she had an appointment for 10:30 a. m. at a beauty shop for a heatless permanent wave. She arrived a little late, had her hair cut by the proprietor, an oil treatment, and her hair prepared for the heatless permanent wave.

"Her friend went by the beauty shop about 2:30 p. m. She told her friend to go to a movie or to do anything else she had to do, since the treatment would require more time than she had anticipated. A few minutes later, after the preliminary preparations had been completed, the treatment was started by a trained operator. He had planned to continue it for seven minutes. The procedure consisted in spraying the wave solution through a closed circuit of tubes into a rubber cap which had been sealed tightly over the head and covered all the hair, which had been previously wrapped in rows on curling tubes.

"The operator had been spraying the solution for about four times a minute for about three minutes when the patron said, 'Does this ever make one feel faint?' These were her last words. The operator stopped the treatment, applied the neutralizing solution and called for help. A physician was summoned, an ambulance called and artificial



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respiration begun, since the patron had turned a dark purplish. The physician and the ambulance arrived quickly. She appeared dead, but was rushed to Crawford W. Long Memorial Hospital, where she was pronounced dead on arrival about three o'clock.

"One of us had examined and treated members of the family for several years. The patient, aged 39, had had a complete physical examination, roentgen [x-ray] examination of the sinuses, chest and abdomen, and analyses of the blood and the urine some time previously. None of these showed any gross abnormality. She had a physical check-up very recently, at which time she appeared to be in excellent health."

Examination of the victim's head showed numerous small hemorrhagic abrasions covering almost the entire scalp. Commenting on the postmortem examination the three men say: "The changes seen at autopsy were those compatible with the presence of either a circulating toxic [poisonous] substance or profound anoxemia [deficiency in the oxygen content of the blood] or both. Chemical examination of the blood revealed strong evidence that the material applied to the patient's scalp had been absorbed and was present in the circulating blood. Furthermore, the evidence points to the probability that the absorbed substance was either hydrogen sulfide or ammonium sulfide.

"The rôle of the destroyed areas of the scalp is uncertain. The presence of such lesions would certainly facilitate the absorption of such material as previously referred to. It cannot be determined from the examination whether the application of the curling solution produced the areas of destruction or whether they were there before the treatment.

"Finally, both the clinical course shown by the patient at the time of death and the pathologic changes seen at autopsy were identical with those occurring in reported

(Continued on Page 42)

FLANK ATTACK



WHEN SPRING SKIES ARE AZURE, and woods and fields beckon, thousands of Americans will again seek pleasure in the out-of-doors. But amid the beauties of the field or nestling in the crannies of that old stone wall, there lurks, well camouflaged, one of the greatest banes of warm-weather days—*rhus toxicodendron* (poison ivy) or *rhus diversiloba* (poison oak).

Fortunately, a method has been developed by the Mulford Biological Laboratories which yields extracts containing the active principle of each of these plants. These extracts are readily soluble in fixed vegetable oils and have been found highly effective in the prophylaxis and treatment of the dermatitis caused by poison oak or poison ivy.

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tive freedom from the presence of undesirable chlorophyll, tannin, gums and resins, 'Ivyol' extracts make possible a relatively painless injection.

'Ivyol' extracts are supplied in two forms—'Ivyol' (Poison Ivy Extract) and 'Ivyol' (Poison Oak Extract). They are available in packages of one and four miniature syringes, each syringe representing a single dose.

PROPHYLAXIS: The contents of one syringe of 'Ivyol' is administered intramuscularly or deep subcutaneously each week for four weeks.

TREATMENT: In cases of average susceptibility, the contents of one syringe of 'Ivyol' is administered every 24 hours, to be repeated until the symptoms are relieved. Four doses are usually necessary.

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Instruction circular on request

(Continued from Page 40)

cases of acute poisoning with hydrogen sulfide. On this basis the opinion is rendered that the patient died of acute hydrogen sulfide poisoning as the result of absorption of such material through the scalp."

The authors say that the examination of the curling solution used on the patient, labeled "Willat Wave De Lux Curling Solution, Heatless Permanent Wave Company, Distributors, San Francisco, California," revealed among other things that the solution was composed largely of ammonium sulfide (hydrogen sulfide and ammonia proved by laboratory test).

In a communication subsequent to receipt of their report, Doctor Bunce states that the "Food and Drug Administration have officially confirmed our findings that the wave solution may be absorbed directly through the skin in poisonous amounts."

Physician Declares Ptomaines in Food Do Not Cause Illness.—"Ptomaine poisoning doesn't exist," Dr. Dorothy V. Whipple, Washington, D. C., declares in *Hygeia, the Health Magazine*. She explains that illness caused by eating food that is not wholesome is not due to the presence of ptomaines in the food and should more accurately be termed food poisoning than ptomaine poisoning.

"Ptomaine," the physician continues, "is a word for substances which form in decomposing foods. There are many different compounds which come under the general term 'ptomaines,' but they all have in common the property of being made by bacteria out of decomposing protein. Some of these ptomaines have distinct odors and tastes, which are largely responsible for the characteristic flavor of putrid food. . . . However—unbelievable as it may seem to many people—the ptomaines in such food, even

when the food is eaten in large quantities, produce no ill effects in the human body."

Doctor Whipple lists as the cause of food poisoning: (1) The food eaten may itself be naturally poisonous; (2) bacteria may have made poisonous substances in once wholesome food; (3) chemical poisons may have been accidentally introduced into the food; or (4) bacteria may have been allowed to grow in the food.

Regarding the first cause of food poisoning, Doctor Whipple states, "there are poisons from the plant world that are mistaken, though rarely, for similar-appearing edible substances. Some are poisonous at all times, . . . others are poisonous only at certain times of the year. . . . Poisons exist in animal foods as well as in plants. . . . Food poisoning, due to naturally occurring poisons such as these, occurs, but the number of cases of such poisoning in the United States is small."

A more severe type of poisoning is that produced by bacteria growing in the food. This poisoning is known as botulism, since it is caused by *Clostridium botulinus* (rod-like bacteria which form a toxin). "These bacteria do no harm," Doctor Whipple declares, "but when they are allowed to grow in food for a period of time they elaborate a poison which is harmful to human beings. . . . The poison affects the central nervous system. . . . Botulism is a serious disease. In some epidemics, as high as 100 per cent of those attacked died; seldom is the fatality less than 50 per cent."

In regard to chemical poisons in food, Doctor Whipple says: "Many substances can get into food, either accidentally or intentionally, and if in sufficient concentration will cause illness. Among the more frequent of these substances are lead, arsenic, cyanide, and some of the alkaloid poisons. If a large amount of any one of these substances

(Continued on Page 44)

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Kugelmass: "Newer Nutrition in Pediatric Practice."
J. B. Lippincott Co., Philadelphia, 1940, p. 334.

2. *Maximum Assimilation*—Metabolic studies of experimental animals may have valuable implications for infant nutrition. For example, "The relative assimilation values of mixed sugars per 100 gms. of body weight are as follows: Dextrin and maltose 1.32; dextrin and dextrose 1.32; sucrose 0.76; fructose 0.50; lactose 0.16 and galactose 0.10."

Ariyama & Takahasi, Biochemische, Zeitschrift, vol. 216, p. 269, 1929.

3. *Ready Utilization*—"Karo syrup may be fed in large amounts without danger and is, at the same time, readily utilized. In our experience, it has been the most satisfactory form of carbohydrate for the feeding of normal and most sick infants."

Marriott: "Infant Nutrition."
C. V. Mosby Co., St. Louis, 1930, p. 45.



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(Continued from Page 42)

is taken, the immediate illness is usually characterized by nausea and vomiting. . . . If only small amounts of these poisons are taken, no symptoms will develop unless the small amounts are repeated frequently over a period of time. In such cases signs and symptoms of chronic poisoning may develop."

In reference to the frequency of such illness, the doctor states that "a long list of harmful substances have at one time or another been found in food, but such contamination is now relatively infrequent."

The most frequent source of food poisoning, according to the author, is the growth of bacteria in food. She says, "Occasionally bacteria producing disease are introduced into food. Many bacteria find food a suitable place in which to grow, so that a few organisms accidentally dropped into food may become many thousands by the time the food is eaten. The germs which cause the illness, correctly spoken of as food poisoning or food infection, belong to two types. One is the salmonella group of organisms. The other is the staphylococcus group of organisms and is most frequently found in milk products. Meat, fish, and poultry are the foods most frequently infected by the salmonella group of organisms. The animal may have been infected before it was killed, or its flesh may become infected afterward."

Doctor Whipple says that any food that is handled a great deal is more apt to be harmful than food eaten without such handling, but she adds, "If infected food is thoroughly cooked, all harmful bacteria will be killed and the food can be eaten with impunity."

The physician concludes with the warning, "Foods likely to be confused with poisonous varieties should not be used

unless complete dependence can be placed on the knowledge of those gathering the food.

"Clean, fresh food presents few hazards, but stored foods, preserved foods, foods delayed between producer and consumer are those in which constant vigilance is necessary to avoid contamination. Meats should be taken from healthy animals, cut up and handled in a careful manner by butchers free from disease; bakery goods should be prepared by healthy bakers in clean kitchens. Food must be guarded in transportation and sold in markets and shops in such a way as to be protected from flies, rats, dust, and unnecessary human handling. The health of food handlers must be carefully guarded and the sanitary condition of eating places must be maintained by frequent inspection by authorized agents. The danger of eating at roadside stands, or improvised eating places where even a casual glance indicates that sanitary facilities are not adequate for health protection, cannot be overemphasized."

The Use of Diathermy Apparatus in the Home.—

"Diathermy [generation of heat in the body tissues due to the resistance they offer to high frequency electric currents forced through them] for use in the home has been extravagantly promoted by various agencies," *The Journal of the American Medical Association* declares in an editorial.

"*The Journal* has emphasized repeatedly that any kind of self-treatment without scientific diagnosis may be hazardous because it permits neglect of serious conditions that may require professional attention. In several cities, firms have come into being practically overnight, advertised in the daily papers, broadcast over the radio, released high-pressure salesmen to sell or rent their products; then they have suddenly disappeared, although in some instances the

(Continued on Page 46)

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¹ARCH. PED., SEPT. 1937.

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(Continued from Page 44)

promoters have appeared in the same rôle in new firms which repeated this program. Some of these instruments promulgated to the public have been efficient, others have not! Apparatus for diathermy should have sufficient output to heat the tissues, since heat is the only therapy [treatment] it provides for which critical evidence is available. If the instrument is efficient, it may be dangerous unless its use is supervised by a trained observer. If the machine is inefficient and of low power output, it will not heat the tissues and will be without therapeutic effect.

"Recently the Federal Trade Commission has modified a cease and desist order which it issued last November against the Home Diathermy Company, Inc., New York, directing cessation of misleading representations in the sale of a 'home diathermy' device. 'The modified order directs the respondent to cease and desist from misrepresentation of the therapeutic value and merit of its product, as did the original order,' but in the modified order, now in effect, 'the respondent is directed to cease disseminating advertisements which fail "to conspicuously reveal that the device may be safely used only after a competent medical authority has determined, as a result of diagnosis, that diathermy is indicated and has prescribed the frequency and amount of application of such diathermy treatments and the user has been adequately instructed in the method of operating such device by a trained technician."'

"If a physician believes diathermy is indicated, he may prescribe for his patient an efficient apparatus which is accepted by the Council on Physical Therapy. The Council found the Home Diathermy Machine not acceptable and published a report in *The Journal*, March 20, 1937, page

973. The decision of the Federal Trade Commission helps solve this problem.

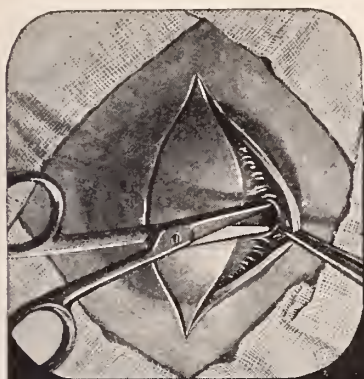
"The Federal Communications Commission has been coöperating with the medical profession and the manufacturers of electrical therapeutic equipment in the development of a practical way to suppress interference with the radio. In some instances complaints of interference have been traced to home-operated diathermy machines. The extent to which the medical profession is being held responsible for interference which is, in fact, caused by home diathermy equipment, is not known."

Warning on Contaminated Drug Issued by Journal of the American Medical Association.—A warning in *The Journal of the American Medical Association* says:

"The contamination of a considerable amount of sulfathiazole, manufactured by the Winthrop Chemical Company, with phenobarbital—luminal—and its widespread distribution throughout the United States was widely reported in the press and on the radio on March 28. Information first received indicated that only one lot of the product, marked MP 029, was contaminated and all of it was distributed in bottles containing, 100, 500 or 1,000 tablets, each weighing 0.5 gram. None of this material was reported to have been distributed along the Pacific Coast. Approximately 410,000 tablets were distributed, and approximately 118,000 tablets were still in circulation on March 20. In the Chicago area only bottles containing 500 tablets were distributed.

"Word just received, however, indicates that lot MP 118 may also be involved. Of this lot there were 110 bottles

(Continued on Page 48)



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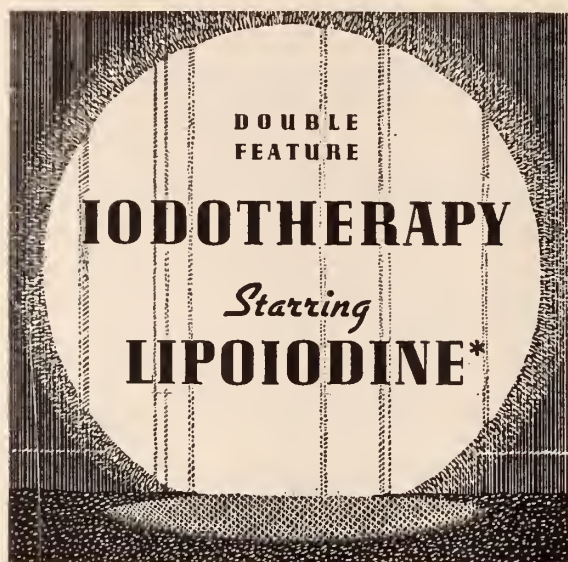


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(Continued from Page 46)

containing 100 tablets each. This lot was distributed between December 18 and December 25, and was made by mixing broken tablets from lot MP 029.

"The attention of the Company was first called to the possible contamination by physicians in Louisville late in December, 1940. After the contamination was discovered, the Company recalled all of the product that could be recalled.

"The Food and Drug Administration received information on March 20 from the Health Department of Boston. Immediately steps were taken to seize and examine, and inspectors were sent throughout the nation to secure every bottle of the shipment still in circulation.

"The attention of the headquarters office of the American Medical Association was called to this matter on March 26 through receipt of a report. Just as soon as enough evidence was available to indicate the scope of the accident, a general warning was first issued to the press and over the radio by the American Medical Association. The examinations thus far made indicate that not all of the sulfathiazole was contaminated. Apparently some of the tablets did not contain any phenobarbital, and the dosage varied from no phenobarbital at all to as much as 0.4 gram in a 0.5 gram tablet. The reports coming from some of the hospitals throughout the country indicate that patients who received the tablets that were heavily contaminated passed into unconsciousness, and indeed some physicians thought that the coma thus produced represented a new form of reaction to sulfathiazole. This would, of course, be exceedingly unusual, since rapid loss of consciousness has not been reported as a reaction to the use of the drug. The chief use of sulfathiazole has been in pneumonia and to some extent in gonorrhea. Loss of consciousness in pa-

(Continued on Page 50)

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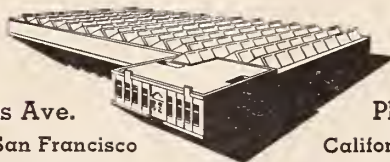
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(Continued from Page 48)

tients seriously ill with pneumonia was possibly considered a manifestation of the disease. It would be considered an unusual manifestation in gonorrhea. Phenobarbital is, of course, a powerful sedative, producing sleep even in small doses and narcosis [profound unconsciousness produced by a drug] when administered in large doses. The average dose would be 0.1 gram, or from one to two grains. The case reports thus far available indicate a few patients who slept from thirty-six to forty-eight hours following the administration of the contaminated tablets, whereas there is the record of another patient who took four tablets, one every three hours, and merely felt drowsy.

"The Food and Drug Administration issued a report on March 31 indicating that the Winthrop Chemical Company has not yet explained its failure to notify the Food and Drug Administration when this matter first came to the firm's attention in December. The evidence thus far available seems to show that the contamination may have occurred as a result of the practice of the firm to utilize broken and spoiled tablets in the making up of new batches of the drug. The vast majority of sulfathiazole now on the market is thoroughly dependable.

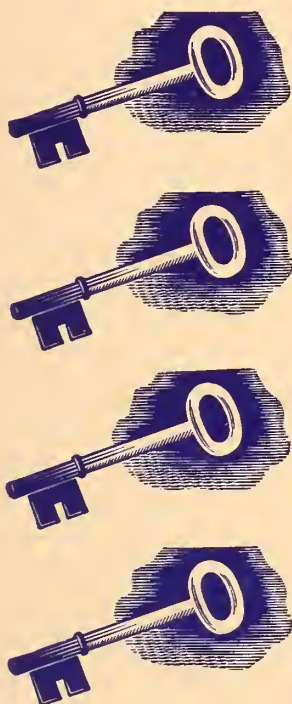
"The investigation is being continued, and a complete report of the incident will be published when it becomes available."

Dogs may be infected under natural conditions with tubercle bacilli of the human and bovine types. A post-mortem study of 543 dogs showed an infection rate of 4.6 per cent. The bacilli were of the human type in eighteen out of twenty-two cases which were examined bacteriologically.—R. Lovell, M.D., and E. G. White, M.D., *British Journal of Tuberculosis*, July-October, 1940.

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**F. L.
BIVINGS:**
Arch., Dermat.
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9:602

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CONTENTS AND SUBJECT INDEX

EDITORIALS:

Seventieth Annual Session: Some After-Thoughts	299
California Legislature	300
On Public Health Education	301

SCIENTIFIC AND GENERAL:

Comments On "Man the Known." By Harry H. Wilson, Los Angeles.....	303
The State of Our Profession. By J. H. Musser, New Orleans, Louisiana.....	306

MINUTES: HOUSE OF DELEGATES —ANNUAL SESSION, 1941

First Meeting: Monday, May 5.....	310
Organization of House of Delegates.....	310
Addenda to Council Report.....	310
Special Assessment of June 1, 1939, 311; Hospitalization Subsidies, 311; Dues of Members in Military Services, 311	
Reports of Officers and Committees.....	312
Remarks Concerning the National Physicians' Committee	313
Remarks Concerning Plans for Needy Members	314
Resolutions and New and Miscellaneous Business: California Physicians' Service (Council), 315; Proposed Amendment Concerning New Members Elected After June 30 (Council), 315; Proposed Amendment Concerning Possible Exemption of Dues for Members in Military Service (Council), 315; California Physicians' Service: Coördinating Committees (Alexander), 316; Needy Members: Council to Appropriate Funds (Anderson), 316; Fee Table of Industrial Accident Committee (Barnard), 316; Medical Relations Under Workmen's Compensation (Stone), 316; Members in Military Services: Council to Study Plans for Rehabilitation (Stone), 316; Members in Military Services: Proposed Compensation (Ayers), 316; Scientific Exhibits of the A. M. A.: Plan for Greater Use (Ayers), 316; Hospitalization Subsidy (Shepherd), 317; Members in Military Services: Staff Appointments (Bailey), 317; Medical Service Organizations: Minimum Schedules (Garland), 317; Pollution of Tidal and Littoral Waters (Garland), 317; Hospitalization Insurance: Observance of Regulations (Garland), 317	
Second Meeting: May 7, 1941: Afternoon Session	318
Place of 1942 Annual Session: Hotel Del Monte.....	318
Election of Officers.....	318
General Officers	318
District Councilors.....	320
Councilors-at-Large	321
Delegates to the A. M. A.....	321
Alternates to the A. M. A.....	322

Second Meeting, May 7, 1941: Evening Session..	322
Election of Councilor for First District.....	322
Report of the Committee on Public Policy and Legislation	322
Report of Committee No. 1: (On the Reports of Officers and Standing Committees).....	324
Proposed Amendment: Concerning Possible Contract with Hotel Del Monte.....	326
Dues for 1941: Set at \$15.....	326
Budget	326
Report of Committee No. 2: (On the Report of the Council and the Report of the Secretary-Treasurer)	326
Industrial Accident Commission Resolution, October 16, 1940: Council to Have Power to Act, 327; Basic Science Act, 327; Indemnity Defense Fund, 327; Postgraduate Activities, 327; Woman's Auxiliary: Clerical Aid, 327; Special Assessment of June 1, 1939, 327; Proposed Amendment to Constitution: Regarding Assessments, 327; Hospitalization Subsidy, 328; Exhibits at State and County Fairs: Council to Appropriate Funds, 328	
Report of Committee No. 3: (On Resolutions, Amendments to the Constitution and By-Laws and New and Miscellaneous Business).....	328
Concerning Waiver of Dues for Members in Active Service in the Armed Forces.....	328
Report of the Committee on Aid to Needy Members	329
Proposed Constitutional Amendments: Proposed Constitutional Amendment, No. 1, 329; Proposed Constitutional Amendment, No. 2, 330; Proposed Constitutional Amendment, No. 3, 330; Proposed Constitutional Amendment, No. 4, 330; Proposed Constitutional Amendment, No. 5, 330; Proposed Constitutional Amendment, No. 6, 332; Proposed Constitutional Amendment, No. 7, 332; Proposed Constitutional Amendment, No. 8 (Life Members), 332	

(Index of House of Delegates meetings is continued on page 356.)

STATE MEDICAL ASSOCIATION:

California Committee on Medical Preparedness.....	343
Committee on Public Policy and Legislation	345
Committee on Public Health Education	346
Committee on Public Relations	346
Committee on Scientific Work	346
County Societies.....	347
Woman's Auxiliary	348
California Physicians' Service	349

MISCELLANY:

News	351
Letters	356
Medical Jurisprudence	360
Twenty-Five Years Ago	362
Board of Medical Examiners of the State of California	362
California Medical Directories	Adv. pages 2, 4, 6
Book Reviews.....	Adv. p. 14

ADVERTISEMENTS:

Index.....	Adv. p. 8
------------	-----------

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	Past President—Harry H. Wilson, 1930 Wilshire Boulevard, Los Angeles.	General Counsel—Hartley F. Peart, Room 1800, 111 Sutter Street, San Francisco.

Councilors

(In addition to the elected district and at-large Councilors, the Council has as ex officio members, the general officers and the Chairman of the Committee on Public Relations. Chairman of Council, Philip K. Gilman; Secretary, George H. Kress.)

District Councilors		
First District—Imperial, Orange, Riverside, San Bernardino and San Diego Counties, Calvert L. Emmons (1944), 206 Emmons Building, Ontario.	Fifth District—Monterey, San Benito, San Mateo, Santa Clara and Santa Cruz Counties, R. Stanley Kneeshaw (1942), 404 Medico-Dental Building, 241 E. Santa Clara Street, San Jose.	Ninth District—Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, Siskiyou, Solano, Sonoma and Trinity Counties, John W. Green (1943), Box 539, Vallejo.
Second District—Los Angeles County, George D. Maner (1942), 657 South Westlake Avenue, Los Angeles.	Sixth District—San Francisco County, John W. Cline (1943), 1020 Medico-Dental Building, 490 Post Street, San Francisco.	Councilors-at-Large
Third District—Inyo, Kern, Mono, San Luis Obispo, Santa Barbara and Ventura Counties, Louis A. Packard (1943), 563 Habersfelde Building, Bakersfield.	Seventh District—Alameda and Contra Costa Counties, Frank R. Makinson (1944), 426 Seventeenth Street, Oakland.	Sam J. McClendon (1942), 2654 Fourth Avenue, San Diego.
Fourth District—Calaveras, Fresno, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare and Tuolumne Counties, Axel E. Anderson (1944), Medical Group Building, 1759 Fulton Street, Fresno.	Eighth District—Alpine, Amador, Butte, Colusa, Eldorado, Glenn, Lassen, Modoc, Nevada, Placer, Plumas, Sacramento, Shasta, Sierra, Sutter, Tehama, Yolo and Yuba Counties, Frank A. MacDonald (1942), 822 Medico-Dental Building, 1127 Eleventh Street, Sacramento.	Elbridge J. Best (1942), 384 Post Street, San Francisco.
		Dewey R. Powell (1943), Room 501, 242 No. Sutter Street, Stockton.
		Edward B. Dewey (1943), Professional Building, 65 No. Madison Avenue, Pasadena.
		Philip K. Gilman (1944), 2000 Van Ness Avenue, San Francisco.
		E. Earl Moody (1944), 829 South Alvarado Street, Los Angeles.

Standing Committees

Executive Committee			Committee on Publications		
The President, the President-Elect, the Speaker of the House of Delegates, the Chairman of the Council, the Chairman of the Auditing Committee, the Past President, the Secretary-Treasurer (ex officio), and the Editor (ex officio).			Francis E. Toomey..... San Diego 1942		
			George W. Walker..... Fresno 1943		
			A. A. Alexander (Chairman)..... Oakland 1944		
			Secretary and Editor ex officio		
Auditing Committee			Committee on Public Policy and Legislation		
Elbridge J. Best (Chairman).....	San Francisco	1942	Anthony Diepenbrock.....	San Francisco	1942
John W. Cline.....	San Francisco	1942	E. T. Remmen.....	Los Angeles	1943
Frank R. Makinson.....	Oakland	1942	Dwight H. Murray (Chairman).....	Napa	1944
Members of the Auditing Committee are appointed each year by the Chairman of the Council.			President and President-Elect ex officio		
Committee on Associated Societies and Technical Groups			Advisory Committee to Above		
Walter H. Newman.....	San Diego	1942	Junius B. Harris (Chairman).....	Sacramento	
John V. Barrows (Chairman).....	Los Angeles	1943	I. R. Madeley (Vice-Chairman).....	Vallejo	
Edwin L. Bruck.....	San Francisco	1944	Committee on Scientific Work		
Committee on Health and Public Instruction			Howard F. West.....	Los Angeles	1942
Wilton Halverson.....	Pasadena	1942	Fletcher B. Taylor.....	Oakland	1943
J. C. Geiger.....	San Francisco	1943	J. Homer Woolsey.....	Woodland	1944
John Ruddock (Chairman).....	Los Angeles	1944	Secretary, Section on Medicine, ex officio Secretary, Section on Surgery, ex officio Association Secretary, ex officio, Chairman		
Committee on History and Obituaries			Committee on Public Relations		
J. Marion Read.....	San Francisco	1942	The Committee on Public Relations consists of the chairmen of the following standing committees and of certain general officers of the Association, all serving ex officio. The chairman of the committee is Donald Cass, the secretary is Mr. John Hunton.		
Hyman Miller.....	Los Angeles	1943	John Ruddock.....Chair., Com. on Health and Public Instruction		
Morton Gibbons (Chairman).....	San Francisco	1944	I. Norman O'Neill.....Chair., Com. on Hospitals, Dispensaries, Clinics		
Secretary and Editor ex officio			Donald Cass.....Chair., Com. on Industrial Practice		
Committee on Hospitals, Dispensaries and Clinics			Nelson Howard.....Chair., Com. on Medical Defense		
J. Norman O'Neill (Chairman).....	Los Angeles	1942	Louis Alesen.....Chair., Com. on Membership and Organization		
Benjamin Black.....	Oakland	1943	Glenn Cushman.....Chair., Com. on Medical Economics		
Walter Rapaport.....	Ukiah	1944	Dwight H. Murray.....Chair., Com. on Public Policy and Legislation		
Committee on Industrial Practice			Dwight L. Wilbur.....Chair., Com. on Postgraduate Activities		
Donald Cass (Chairman).....	Los Angeles	1942	Charles A. Dukes.....Chair., Cancer Commission		
George H. Sanderson.....	Stockton	1943	Henry S. Rogers.....President of California Medical Association		
Wilbur Cox.....	San Francisco	1944	William R. Molony, Sr.....President-Elect		
Committee on Medical Defense			George H. Kress.....Secretary-Treasurer		
William J. Van Den Berg.....	Sacramento	1942	Communications for the Public Relations Department should be addressed to the Director, Mr. John Hunton, Room 2004, 450 Sutter Street, San Francisco.		
Lewis T. Bullock.....	Los Angeles	1943	Cancer Commission		
Nelson Howard (Chairman).....	San Francisco	1944	Alson R. Kilgore.....	San Francisco	1942
Committee on Medical Economics			Henry J. Ullmann.....	Santa Barbara	1942
J. Ray Jones.....	Sacramento	1942	Clarence J. Berne (Sec. for Southern Calif.).....	Los Angeles	1942
Edward C. Pallette.....	Los Angeles	1943	Charles A. Dukes (Chairman).....	Oakland	1943
Glenn Cushman (Chairman).....	San Francisco	1944	Lyell E. Kinney (Vice-Chairman).....	San Diego	1943
Committee on Medical Education and Medical Institutions			Otto H. Pfueger (Secretary).....	San Francisco	1943
L. R. Chandler (Chairman).....	San Francisco	1942	Orville N. Meland.....	Los Angeles	1944
Fred H. Kruse.....	San Francisco	1943	A. Herman Zeiler.....	Los Angeles	1944
B. O. Raulston.....	Los Angeles	1944	Gertrude Moore.....	Oakland	1944
Committee on Membership and Organization			Communications for the Cancer Commission should be addressed to the Secretary, Otto H. Pfueger, M. D., 384 Post Street, San Francisco.		
Dewey R. Powell.....	Stockton	1942			
L. H. Redelings.....	San Diego	1943			
Louis Alesen (Chairman).....	Los Angeles	1944			
Committee on Postgraduate Activities					
H. E. Henderson.....	Santa Barbara	1942			
Dwight L. Wilbur (Chairman).....	San Francisco	1943			
F. E. Clough (Vice-Chairman, So. Calif.).....	San Bernardino	1944			
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Butte-Glenn County Medical Society President, Charles Benninger, Jr., Oroville. Secretary, J. O. Chiappella, 131 Broadway, Chico. Meeting, <i>Second Thursday.</i>	Monterey County Medical Society President, James McPharlin, 8 East Alisal Street, Salinas. Secretary, R. D. Mace, 601 South Main Street, Salinas. Meeting, <i>First Thursday.</i>	Santa Barbara County Medical Society President, H. R. Schwalenberg, Cottage Hospital, Santa Barbara. Secretary, D. H. McNamara, 317 W. Pueblo Street, Santa Barbara. Meeting, <i>Second Monday, Cottage Hospital.</i>
Contra Costa County Medical Society President, R. J. P. Harmon, 314 Tenth Street, Richmond. Secretary, L. Ahbott Hedges, 912 Macdonald Avenue, Richmond. Meeting, <i>Second Tuesday, 8:00 p. m.</i>	Napa County Medical Society President, R. C. Burkett, 1130 First Street, Napa. Secretary, M. M. Booth, Bruck Building, St. Helena. Meeting, <i>First Wednesday.</i>	Santa Clara County Medical Society President, A. J. Baiocchi, 369 South Third Street, San Jose. Secretary, Leon P. Fox, Ste. Claire Building, San Jose. Meeting, <i>Third Monday, 7:00 p. m., Sainte Claire Hotel, San Jose.</i>
Fresno County Medical Society President, Frank R. Ruff, 1234 S Street, Fresno. Secretary, J. E. Young, 405 Rowell Building, Fresno. Meeting, <i>First Tuesday, University-Sequoia Club, Fresno.</i>	Orange County Medical Association President, Lawrence C. Cameron, 218 South Main Street, Santa Ana. Secretary, Milo K. Tedstrom, 1626 Bush Street, Santa Ana. Meeting, <i>First Tuesday, 8:00 p. m., Chapel of the Orange County Hospital, Orange.</i>	Santa Cruz County Medical Society President, Avery Wood, 335 Main Street, Watsonville. Secretary, Samuel B. Randall, 84 Walnut Avenue, Santa Cruz. Meeting, <i>First Tuesday of each month (except June, July and August), 7:30 p. m., Club Rio del Mar, Aptos.</i>
Humboldt County Medical Society President, Lowell G. Kramar, 1049 Main Street, Fortuna. Secretary, Joseph S. Woolford, 350 E Street, Eureka. Meeting, <i>First Thursday.</i>	Placer-Nevada-Sierra County Medical Society President, Lucas W. Empey, Roseville. Secretary, Robert A. Peers, Colfax. Meeting, <i>At Call of President.</i>	Shasta County Medical Society President, Earnest Dozier, Redding. Secretary, Bertram L. Trelstad, 1536 Market Street, Redding. Meeting, <i>Second Monday.</i>
Imperial County Medical Society President, William A. Clarke, 132 Fifth Street, Holtville. Secretary, Claude F. Peters, 722 Main Street, El Centro. Meeting, <i>Third Tuesday, 7:00 p. m., Barbara Worth Hotel, El Centro.</i>	Riverside County Medical Society President, Wayne K. Templeton, 3770 Twelfth Street, Riverside. Secretary, Hobart M. Kelly, 3616 Main Street, Riverside. Meeting, <i>Second Monday, 8:00 p. m., Library, Riverside Community Hospital.</i>	Siskiyou County Medical Society President, F. W. Martin, 106 Orem Street, Mt. Shasta. Secretary, Victor W. Hart, 113 No. Oregon Street, Yreka. Meeting, <i>Sunday on call.</i>
Inyo-Mono County Medical Society President, H. W. Crook, 106 S. Main, Bishop. Secretary, George Shultz, 124 N. Main, Lone Pine. Meeting, <i>Fourth Wednesday, Methodist Church, Bishop, except December, January, February.</i>	Sacramento Society for Medical Improvement President, Frank Warne Lee, 510 Physicians Building, Sacramento. Secretary, Curtis H. McDonnell, California State Life Building, Sacramento. Meeting, <i>Third Tuesday, 8:30 p. m., Auditorium, Sacramento.</i>	Solano County Medical Society President, Gordon Bunney, Suisun. Secretary, F. Burton Jones, 416 Georgia Street, Vallejo. Meeting, <i>Second Tuesday, 8:00 p. m., Casa de Vallejo Hotel, Vallejo.</i>
Kern County Medical Society President, Lucille B. May, 1706 Chester Ave., Bakersfield. Secretary, Sophie M. Loven, 458 Haberfelde Building, Bakersfield. Meeting, <i>Third Thursday, 8:00 p. m.</i>	San Benito County Medical Society President, J. M. O'Donnell, Hollister. Secretary, L. E. Smith, Hollister. Meeting, <i>At Call of President.</i>	Sonoma County Medical Society President, Leighton Ray, 536 B Street, Santa Rosa. Secretary, J. F. Thurlow, 576 B Street, Santa Rosa. Meeting, <i>Second Thursday.</i>
Kings County Medical Society President, Lionel W. Sorenson, 1118 Whitley Avenue, Corcoran. Secretary, Arthur Zeisner, 410 N. Irwin Street, Hanford. Meeting, <i>Second Monday, 8:00 p. m., Legion Hall, Hanford.</i>	San Bernardino County Medical Society President, Eugene H. Hull, San Bernardino. Secretary, A. E. Varden, Medico-Dental Building, San Bernardino. Meeting, <i>First Tuesday, 8:00 p. m., San Bernardino County Charity Hospital.</i>	Stanislaus County Medical Society President, Hoyt R. Gant, 1024 J Street, Modesto. Secretary, A. E. Ghilotti, 1024 J Street, Modesto. Meeting, <i>Second Friday, 7:30 p. m., Hotel Hughson.</i>
Lassen-Plumas-Modoc County Medical Society President, W. B. McKnight, Portola. Secretary, Bernard S. Holm, Quincy. Meeting, <i>On Call.</i>	San Diego County Medical Society 1410 Medico-Dental Building, 233 A Street, San Diego President, Frank A. St. Sure, 4067 Van Dyke Avenue, San Diego. Secretary, W. H. Geistweit, Jr., 810 Medical Building, 233 A Street, San Diego. Meeting, <i>Second Tuesday, University Club.</i>	Tehama County Medical Society President, R. G. Frey, Red Bluff. Secretary, F. J. Bailey, Red Bluff. Meeting, <i>At Call of President.</i>
Los Angeles County Medical Association 1925 Wilshire Boulevard, Los Angeles President, Thomas C. Myers, 1501 So. Figueroa Street, Los Angeles. Secretary, L. A. Alesen, 1925 Wilshire Boulevard, Los Angeles. Meeting, <i>First and Third Thursdays, 1925 Wilshire Boulevard, Los Angeles.</i>	San Francisco County Medical Society 2180 Washington Street, San Francisco President, Harold A. Fletcher, 490 Post Street, San Francisco. Secretary, L. Henry Garland, 2180 Washington Street, San Francisco. Meeting, <i>Every Tuesday, 8:15 p. m., 2180 Washington Street, San Francisco.</i>	Tulare County Medical Society President, Ray E. Cronemiller, 160 South E Street, Exeter. Secretary, Forrest G. Powell, 222 W. Willow Street, Visalia. Meeting, <i>Sunday Evening once a month.</i>
Marin County Medical Society President, Wilson P. Goddard, 308 Throckmorton Street, Mill Valley. Secretary, Carl W. Clark, 1010 B Street, San Rafael. Meeting, <i>Fourth Thursday, Deer Park Villa, Fairfax.</i>	San Joaquin County Medical Society President, Raymond Leroy Owens, 28 Cory Building, Lodi. Secretary, George H. Rohrhacher, 1005 Medico-Dental Building, Stockton. Acting Secretary, C. A. Broadus, 242 North Sutter Street, Stockton. Meeting, <i>First Thursday, 8:15 p. m., Medico-Dental Club Rooms, Stockton.</i>	Ventura County Medical Society President, James W. Moore, 23 S. California Street, Ventura. Secretary, Robert K. Harker, 132 Fourth Street, Oxnard. Meeting, <i>Second Tuesday, Ventura County Country Club.</i>
Mendocino-Lake County Medical Society President, Royal Scudder, 123 Laurel Street, Fort Bragg. Secretary, Otto L. Gericke, Mendocino State Hospital, Talmage. Meeting, <i>on Call.</i>	San Luis Obispo County Medical Society President, Horace Hagan, 1215 Chorro Street, San Luis Obispo. Secretary, E. M. Bingham, County Health Department, San Luis Obispo. Meeting, <i>Third Saturday, 6:30 p. m., Gold Dragon Cafe, San Luis Obispo.</i>	Yolo County Medical Society President, Edwin K. Copeland, 405 First Street, Woodland. Secretary, Wilfred T. Robbins, 719 Second Street, Davis. Meeting, <i>First Wednesday.</i> Yuba-Sutter-Colusa County Medical Society President, Romayne B. Whitney, Plumas Street, Yuba City. Secretary, Leon M. Swift, I. O. O. F. Building, Marysville. Meeting, <i>Second Wednesday.</i>

(Roster lists continued on advertising page 6)



(Continued from Page 3)

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Lane Medical Library (Stanford), 2398 Sacramento Street, San Francisco.

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Heberden's Nodes.—The following is not a partial translated quotation, but represents the entire commentary made by William Heberden (1710-1801) on the nodes that perpetuate his name. It appears in his *Commentarii de Morborum Historia et Curatione* [Commentaries on the History and Cure of Disease] (Fourth edition, London, 1816).

"What are those little hard knobs, about the size of a small pea, which are frequently seen on the fingers, particularly a little below the top, near the joint? They have no connection with the gout, being found in persons who never had it; they continue for life; and being hardly ever attended with pain, or disposed to become sores, are rather unsightly, than inconvenient, though they must be some little hindrance to the free use of the fingers."—R. W. B., in *The New England Journal of Medicine*.

"There is, still an immense amount to be learned about health, but if what is at present known to a few were part of the general knowledge, the average expectation of life could probably be increased by about ten years."

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Silver Picrate, Wyeth, has a convincing record of effectiveness as a local treatment for acute anterior urethritis caused by *Neisseria gonorrhoeae*.¹ An aqueous solution (0.5 percent) of silver picrate or water-soluble jelly (0.5 percent) are employed in the treatment.

1. Knight, F., and Shelanski, H. A., "Treatment of Acute Anterior Urethritis with Silver Picrate," *Am. J. Syph., Gon. & Ven. Dis.*, 23, 201 (March), 1939.

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA

Synthetic Babies: Nearly Ten Thousand "Test-Tube" Children Born All Over United States.—New York, May 3 (Exclusive)—An amazing army of nearly ten thousand test-tube children—each created without benefit of sex intimacy—today is bringing pride and happiness into homes all over America.

The mass production of so-called synthetic babies on a scale hitherto unsuspected was quietly revealed in a census—the first of its kind—reported in the *New York State Journal of Medicine* by two New York City physicians, Doctors Frances L. Seymour and Alfred Koerner. A total of 9,238 infants, the report showed, were born as a result of artificial insemination—impregnation of the mother by semen injected with a syringe—to June 1, 1940.

Opposition Chorus.—Immediately recalled was the nation-wide sensation caused by the original successes in obtaining "babies from bottles" a few years ago. Skeptics scoffed. Attorneys argued. Moralists moralized and sociologists shook their heads.

"It can't be done," said the skeptics.

"It's wrong," protested the moralists.

"The law may stop it," warned the lawyers.

"Society will not accept it," added the sociologists.

Their cries of alarm were all in vain, for, according to the Seymour-Koerner census, 4,019 physicians have deliberately and successfully used the once-daring procedure to place babies in childless homes.

How the method works, as explained in lay language, is not hard to understand. It involves simply the transfer of male life cells or sperms from the actual father to the prospective mother, with a doctor acting as intermediary.

Test-tubes and bottles figure in the procedure only in so far as they may be used as containers to facilitate the conveyance. The babies, of course, do not come from tubes or bottles and are not really synthetic.

Genetic Novelty.—Novelty lies only in the mode of making fertilization possible, and the artificiality ends when a sperm unites with an ovum or egg cell within the mother's body. The child then is conceived and born like any other baby.

All this in theory is A, B, C genetics, but in practice the procedure has given rise to a host of medical, legal, and other problems calling for deep study and the utmost caution by physicians using it. . . .

Undeterred by the verbal rumpus over their experiments, Doctor Seymour and others went forward with them, and in the May 6, 1939 issue of *The Journal of the American Medical Association* Doctor Seymour was able to report on the production of thirteen test-tube babies in a single series.

Donor Sires Dozen.—One man—a leader in his profession but wed to none of the mothers—became the father of all of the twelve children!

Each of the women, ranging in ages from 23 to 40, wished a baby, but none could get it in the conventional way because her husband was sterile. Wives and husbands, faced with this situation, consented to use of semen provided by an anonymous donor.

"A man with an intelligence quotient of 120 was chosen—a man who was already the father of two children and whose wife practiced birth control," Doctor Seymour explained.

"He was an eminent figure in his profession. His wife was also a college graduate, a highly intelligent person. They both realized the importance of the experiment and gave their full-hearted coöperation."

Coolly Scientific.—Before the series was completed, a total of thirty-six persons—both men and women—voluntarily coöperated with Doctor Seymour. Marital ties, in

(Continued on Page 9)

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Alphabetical List of ADVERTISERS

	PAGE
Acme Breweries	28
Acousticon Institute	44
Adams Springs	8
Alexander Sanatorium	46
Alum Rock Sanatorium	9
American Can Company	31
Associated Credit Bureaus of America, Inc.	25
Baker Laboratories, The	21
Bank of America	10
Barry Company, The James H.	45
Baxter, Inc., Don	11
Bolin, M. D., Zera E. Pathological Service	23
Borden Company, The	13
Broemmel's Pharmaceuticals	3
Butler Building	Second Cover
California Sanatorium	34
Calso Water Company	40
Ciba Pharmaceutical Products, Inc.	47
Classified Advertisements	12
Coca-Cola Company, The	5
Colfax School for the Tuberculous	48
Compton Sanitarium and Las Campanas Hos- pital	44
Cook County Graduate School of Medicine	9
Crocker First National Bank	40
Cutter Laboratories	Fourth Cover
Doctors' Business Bureau	41
French Hospital	16
Golden State Company, Ltd.	39
Greens' Eye Hospital	Second Cover
Hittenberger Co., C. H.	43
Ingram Laboratories	48
Jenkel-Davidson Optical Co.	15
King Ambulance Co.	38
La Loma Feliz	12
Las Encinas Sanitarium	44
Libby, McNeill & Libby	23
Lilly & Co., Eli	32
Lincoln & Ulmer, Inc.	36
Livermore Sanitarium	14
Los Angeles Tumor Institute	15
Luzier's, Inc.	38
M. & R. Dietetic Laboratories, Inc.	17
Massachusetts Indemnity Insurance Co.	26
Mead Johnson and Company	35
Medical Protective Company, The	41
Moore-McCormack Lines	22
Morning Milk Company	1
National Association of Chewing Gum Manu- facturers	39
Nestlé's Milk Products, Inc.	37
Newhouse & Sayre, Inc.	46
New York Polyclinic Medical School and Hos- pital	9
Noble Placement Agency	12
Officers of the California Medical Associa- tion	2, 4, 6
Officers of Miscellaneous Medical Associations	6
Owl Drug Company, The	26
Park Sanitarium	30
Parke, Davis & Company	19
Petrolagar Laboratories, Inc.	29
Physicians' Casualty Association and Physi- cians' Health Association	10
Pottenger Sanatorium	34
Richardson Mineral Springs	42
Riedel-de Haen, Inc.	3
Riggs Optical Company	43
Saint Francis Hospital	30
St. Luke's Hospital	47
St. Mary's Hospital	5
Sanitube Company, The	42
S. M. A. Corporation	33
Stacey, J. W., Inc.	15
Stearns & Company, Frederick	Third Cover
Stuart Oxygen Company	18
Summit Medical Building	15
Twin Pines	46
Upjohn Company, The	27
Vitamin Food Company, Inc.	24
Wilson Laboratories, The	20
Wyeth & Brother, Inc., John	7
Zweegman School for Medical Secretaries	12

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There is also some constitutional upset for a few days, particularly in gall bladder cases. But this is soon over and your patient begins to show improvement and is now in condition to profit by any medication you may prescribe. If the case is an operative one, you have improved your patient and made of him a better risk.

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(Continued from Page 7)

the old-fashioned sense, were ignored and life-bearing cells repeatedly were crossed by way of containers. The whole procedure was impersonal and coolly scientific.

In due time the babies came—eleven boys and two girls—to be welcomed into homes childless until their arrival.

None of the parents knew or will ever know the identity of the donor-father, nor will he know theirs. The children, too, are, and will remain, unaware that they have the same father and that they are related.

Practice Spreads.—While these thirteen children were being brought into the world, American physicians in widely scattered parts of the country were learning about trying the procedure. As revealed by the census, its use spread rapidly.

The census survey was sponsored by the National Research Foundation for Eugenic Alleviation of Sterility, Inc., Nesconset, Long Island, of which Doctor Seymour is medical director and Doctor Koerner executive secretary. They sent questionnaires to 30,000 of the 150,000 doctors in the United States and received replies from 7,642.

Of these, 4,049 reported successful results with artificial insemination, 2,478 reported that they had never used it, and 1,115 failed to obtain pregnancies by using it.

Figures Given.—The census classified the 9,238 live children born as follows:

Result of artificial insemination, using husband (temporary sterility, 5,728—(a) boys, 2,623, and (b) girls, 2,105; result of artificial insemination using donor (absolute sterility of male), 3,510—(a) boys, 2,060, and (b) girls, 1,450.

A significant feature of these statistics immediately noted by geneticists was the preponderance of boys over girls. The normal sex ratio in humans is 103.07 boys to 100 girls. But in the artificial insemination births the ratio was 162

(Continued on Next Page)

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(Continued from Preceding Page)

boys to 100 girls. No explanation of this extraordinary ratio is offered in the census article.

Boys, 11 to 2.—It also was recalled that in the thirteen test-tube births discussed by Doctor Seymour in her May 6, 1939, article, the division of sexes was boys, 11, and girls, 2.

The census revealed that mothers having more than one pregnancy by artificial inseminations numbered 1,357. There were three sets of twins! A total of 382 operations which would have been needed to effect pregnancy were avoided. The greatest number of physicians reported that twelve inseminations were required in each case.—Los Angeles Times, May 4, 1941.

The March of Events.*—How do you like the thought of being conceived in a bottle?

Aldous Huxley wrote a famous book, a few years ago, called "This Brave New World." Its action was laid in the future, and among the allegedly "progressive" attainments of mankind in that completely robotized age was the production of human beings in glass jars by "insemination" and chemical processes.

Not so "leary," for professor Gregory Pincus, of Clark University, in a recent address before the National Academy of Sciences told of his successful experiments in fertilizing rabbits' eggs with chemicals.

Those rabbits have no papa at all. The eggs in the mamma rabbit are fertilized with chemicals, among these chemicals being some of the very ingredients that you are taking in your B₁ vitamin tablets.

The success of these bunny experiments, of which Professor Pincus claims to be the originator, in scientific circles as "test-tube babies come a step nearer."—San Francisco Examiner, May 23, 1941.

* By Benjamin De Casseres.

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The city is an epitome of the social world. All the bells of civilization intersect along its avenues. It contains the products of every moral zone and is cosmopolitan, not only in a national, but in a moral and spiritual sense.—Chapin.

Treatment of a Middle-Ear Disease.—A regimen for the prevention of and active treatment using helium-oxygen mixtures for aero-otitis media (inflammation of the middle ear due to changes in atmospheric pressure) in tunnel workers is reported in *The Journal of the American Medical Association* by Dr. William H. Requarth, Chicago.

Preventive measures offered by Doctor Requarth are largely concerned with physical examinations before employment, inasmuch as he advises that persons predisposed to infections of the upper part of the respiratory tract should not engage in such work. Adequate instruction of employees also is imperative, he says. This should include a demonstration of Valsalva inflation of the ear, which involves closing the nose and mouth and then forcefully exhaling. Lock tenders should stop after every two to three pounds increase in pressure and ascertain whether all workers have opened their ears. Those who have failed to do so should be referred to a physician for treatment. This is important inasmuch as many men will otherwise remain in the lock and attempt to open their ears by vigorous inflation. Treatment is directed toward equalization of the pressure in the middle ear by reestablishing communication of the middle ear and its passages to the pharynx. The nose is sprayed thoroughly with chemicals preparatory to the administration of helium. The gas is given under pressure through a mask or breathing bag in a mixture consisting of eighty parts of helium and twenty parts of oxygen. The average patient obtains relief in four minutes. Obstinate cases may require ten minutes. Longer treatment is useless.

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BOOK REVIEWS

A Textbook of Clinical Neurology. By J. M. Nielsen, B. S., M. D., F. A. C. P., Associate Clinical Professor of Medicine (Neurology), University of Southern California; Senior Attending Physician (Neurology), Los Angeles County General Hospital; Attending Neurologist, Hospital of the Good Samaritan, Los Angeles, California. With 179 Illustrations. Cloth. Pp. 672. Price, \$6.50. New York, London: Paul B. Hoeber, Inc., Medical Book Department of Harper and Brothers, 1941.

This textbook was written primarily for students and practitioners, and follows therefore in the outline the well established orthodox ways of classical neurology. Starting with the diseases of the spinal nerves successively the disorders of the higher structures are developed and finally the psychoneuroses and addiction and a welcome annex of historically important bibliography conclude the well-rounded presentation.

The precise style and clear pictures and drawings will greatly help the beginner to gain a thorough understanding of the morphological and physiological foundations of the clinical pictures, which are often enriched by many original observations from the great experience of the author. The chapter on clinical cerebral localization especially reflects and profits from his contributions in this field, so difficult to present to the student.

A more detailed discussion of the treatment (e. g., polio-myelitis) would be occasionally welcome for the beginner, who needs distinct suggestions and guidance to protect him and his patient from uncritical overactivity and unjustified nihilism. The modern trends of neuropsychiatry to integrate the different psychosomatic approaches are hardly touched and the final chapters on psychoneuroses and addiction are unfortunately not up to the high standard of the neurological parts. After all not only criminals and swindlers are constitutional psychopaths—to quote the last pessimistic line of the book—but also the greatest

geniuses of mankind should be mentioned when discussing these personalities.

However, these minor points may prove only, that as a whole, we want to recommend this very timely and readable volume as the best up to date introduction into a difficult field. A careful index and pleasing printing and arrangement contribute to the excellent impression of this work.—Richard D. Loewenberg.

BOOKS RECEIVED

The Heart in Pregnancy and the Childbearing Age. By Burton E. Hamilton, M. D., Cardiologist, since 1921, to The Boston Lying-In Hospital, Boston, Massachusetts; and K. Jefferson Thomson, M. D., Associate Physician, Metropolitan Life Insurance Company Sanatorium, Mount McGregor, New York; Research Associate in Medicine, Albany Medical College; Formerly Research Fellow in Obstetrics, Harvard Medical School; Formerly Instructor in Medicine, Cornell University Medical College. With a Section Entitled Delivery and Obstetrical After-Care of Cardiacs, by Frederick C. Irving, M. D., F. A. C. S., Professor of Obstetrics, Harvard Medical School; Obstetrician-in-Chief, Boston Lying-In Hospital. Cloth. Pp. 402. Price, \$5. Boston: Little, Brown & Company.

Endocrinology. The Glands and Their Functions. By R. G. Hoskins, Ph. D., M. D., Director of Research, The Memorial Foundation for Neuro-Endocrine Research, Research Associate in Physiology, Harvard Medical School. Cloth. Pp. 388. Price, \$4. New York: W. W. Norton & Company, Inc., Publishers, 1941.

Medicine Preferred. (A Modern Play in Three Acts.) By E. Francis McDevitt. Cloth. Pp. \$3. New York: Fortune's, 1941.

British Empire Cancer Campaign. Seventeenth Annual Report of the Grand Council. Patron, H. M. The King. President, H. R. H. The Duke of Gloucester, K. G. Chair-

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man, The Rt. Hon. Viscount Hailsham. Edited by Mr. J. P. Lockhart-Mummery, M. A., M. B., B. Ch., F. R. C. S., F. A. C. S. Paper. Pp. 280. Watford, England: Watford Printers, Limited.

Introduction to Psychobiology and Psychiatry. A Text-book for Nurses. By Esther Loring Richards, M. D., Sc. D., Associate Professor of Psychiatry, Johns Hopkins University; Physician-in-Charge of the Outpatient Department, Henry Phipps Psychiatric Clinic, Johns Hopkins Hospital; Psychiatrist-in-Chief, Baltimore City Hospitals. Cloth. Pp. 357. Price, \$2.50. St. Louis: The C. V. Mosby Company, 1941.

Massage in Nursing Care. Second Edition of "Fundamentals of Massage." By Kathryn L. Jensen-Nelson, M. A., R. N., Formerly General Director of Physical Therapy Instruction to Students in Washington Sanitarium and Hospital School of Nursing, Takoma Park, Maryland, and in Thirty Allied American and Foreign Schools of Nursing. Pp. 152. Price, \$2. New York: The Macmillan Company.

The Pharmacology of Anesthetic Drugs, Second Edition. By John Adriani, M. D., Instructor in Anesthesia, New York University College of Medicine; Assistant Visiting Anesthetist, Bellevue Hospital, New York. A Syllabus for Students and Clinicians. Diagrammatic arrangement of subject matter. Data bears directly upon clinical anesthesia or surgery. Pp. 86. Price, \$3.50, postpaid. Springfield, Illinois: Charles C. Thomas, 1941.

Physical Medicine. The Employment of Physical Agents for Diagnosis and Therapy. By Frank H. Krusen, M. D., F. A. C. P., Associate Professor of Physical Medicine, The Mayo Foundation, University of Minnesota; Head of the Section on Physical Therapy, The Mayo Clinic; Member of the Council on Physical Therapy of the American Medical Association; Past President of the American Congress of Physical Therapy; Past President of The Academy of Physical Medicine. Cloth. Pp. 846, 351 Illustrations. Price, \$10. Philadelphia and London: W. B. Saunders Company, 1941.

(Continued on Next Page)

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BOOKS RECEIVED

(Continued from Preceding Page)

Neuro-Ophthalmology, Second Edition. By R. Lindsay Rea, B. Sc., M. D., M. Ch., F. R. C. S., Ophthalmic Surgeon to West End Hospital for Nervous Diseases; Surgeon to Western Ophthalmic Hospital; Ophthalmic Surgeon to London Lock Hospitals; Consulting Ophthalmic Surgeon to Finchley Memorial Hospital and to British Hospital for Mental Disorders and Nervous Diseases. 22 Colored Plates and 196 Illustrations. Pp. 688. Price, \$13.50. St. Louis: The C. V. Mosby Company, 1941.

Youth Looks at Cancer. A Test Prepared for Colleges, Preparatory Schools, and High Schools. By Helen R. Steward for the Westchester Cancer Committee of the American Society for the Control of Cancer, Inc. Cloth. Pp. 55. Illustrations. Brookville, New York: Brookville Press, Inc.

A Diabetic Manual. For the Mutual Use of Doctor and Patient. By Elliott P. Joslin, M. D., Sc. D., Clinical Professor of Medicine Emeritus, Harvard Medical School; Medical Director George F. Baker Clinic at the New England Deaconess Hospital; Consulting Physician, Boston City Hospital, Boston, Massachusetts. Seventh edition. Cloth. Price, \$2. Pp. 238. Illustrated. Philadelphia: Lea & Febiger, 1941.

The Doctor Takes a Holiday. An Autobiographical Fragment. By Mary McKibbin-Harper, M. D. Cloth. Pp. 349. Cedar Rapids, Iowa: The Torch Press, 1941.

Report of the Blood Transfusion Association Concerning the Project for Supplying Blood Plasma to England, Which

Has Been Carried on Jointly with the American Red Cross from August, 1940, to January, 1941. Narrative Account of Work and Medical Report. In behalf of the Board of Medical Control by the Medical Supervisor of the Blood Plasma Division, the Chairman of the Board, the Chairman of the Blood Plasma Committee, and the Assistant to the Board, Blood Plasma Division, of the Blood Transfusion Association. Paper. Pp. 121. New York: Appeal Printing Company, Inc., 1941.

Synopsis of Diseases of the Heart and Arteries. By George R. Herrmann, M. S., M. D., Ph. D., F. A. C. P., Professor of Medicine, University of Texas; Director of the Cardiovascular Service, John Sealy Hospital; Consultant in Vascular Diseases, U. S. Marine Hospital. Second Edition. Cloth. Pp. 468. Illustrations and Color Plates. St. Louis: The C. V. Mosby Company, 1941.

TWENTY-FIVE YEARS AGO

(Continued from Text Page 362)

Noel, George Dunlop, Dr. Flora W. Smith and Paul Herriott. The American Medical Association, through its Committee on Health and Public Instruction, has created an office at 131 East Twenty-third Street, New York City, and has placed in charge of it, as secretary of the committee, Dr. I. M. Rubinow. The purpose of this committee of the American Medical Association is to study thoroughly the whole situation and keep medical men in touch with what is going on. On another page of this issue will be found the first circular of information issued by this committee. The State Society, at the Fresno meeting, authorized the appointment of a committee of the Society to

(Continued on Page 18)

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TWENTY-FIVE YEARS AGO

(Continued from Page 16)

confer with the State Commission, which committee is as follows: Dr. René Bine, San Francisco, chairman; Dr. F. F. Gundrum, Sacramento; Dr. Harry M. Sherman, San Francisco; Dr. George G. Reinle, Oakland; Dr. George E. Tucker, Riverside, and Dr. George H. Kress, Los Angeles.

* * *

Committees of the State Society.—The president, Dr. George H. Kress, of Los Angeles, has appointed committees as authorized by the House of Delegates at the Fresno meeting, as follows:

Publication Committee: W. P. Lucas, San Francisco; Harry E. Alderson, San Francisco; Sol. Hyman, San Francisco, and René Bine, San Francisco.

Committee on Industrial Accident Insurance: C. P. Thomas, Los Angeles, chairman; J. H. Graves, San Francisco; M. R. Gibbons, San Francisco; John C. King, Banning; B. F. Church, San Bernardino, and P. M. Jones, San Francisco.

* * *

Ownership of X-Ray Plates.—This question has been raised repeatedly and presented itself at the Fresno meeting, as will be seen from the minutes of the House of Delegates. A careful search of the records of decided cases in this country reveals the fact that there has been made no decision covering this point. A few decisions in regard to photographs have been made, and these will be found, together with some comment on the subject, elsewhere in this issue of the JOURNAL. The matter of having in one's possession an x-ray plate of a fracture, or a condition where the x-ray plate offers illuminating information, is of the greatest importance. It should be a fixed

rule, never broken by any member of the Society, to take or have taken, and keep in his possession, such x-ray plate or plates. He should not give them up under any circumstances, unless ordered to do so by a court, and if such a condition should arise this Society will handle the legal end of it.

From the Address of the President, Harry M. Sherman, M. D., San Francisco:

Fellow Members of the Medical Society of the State of California:

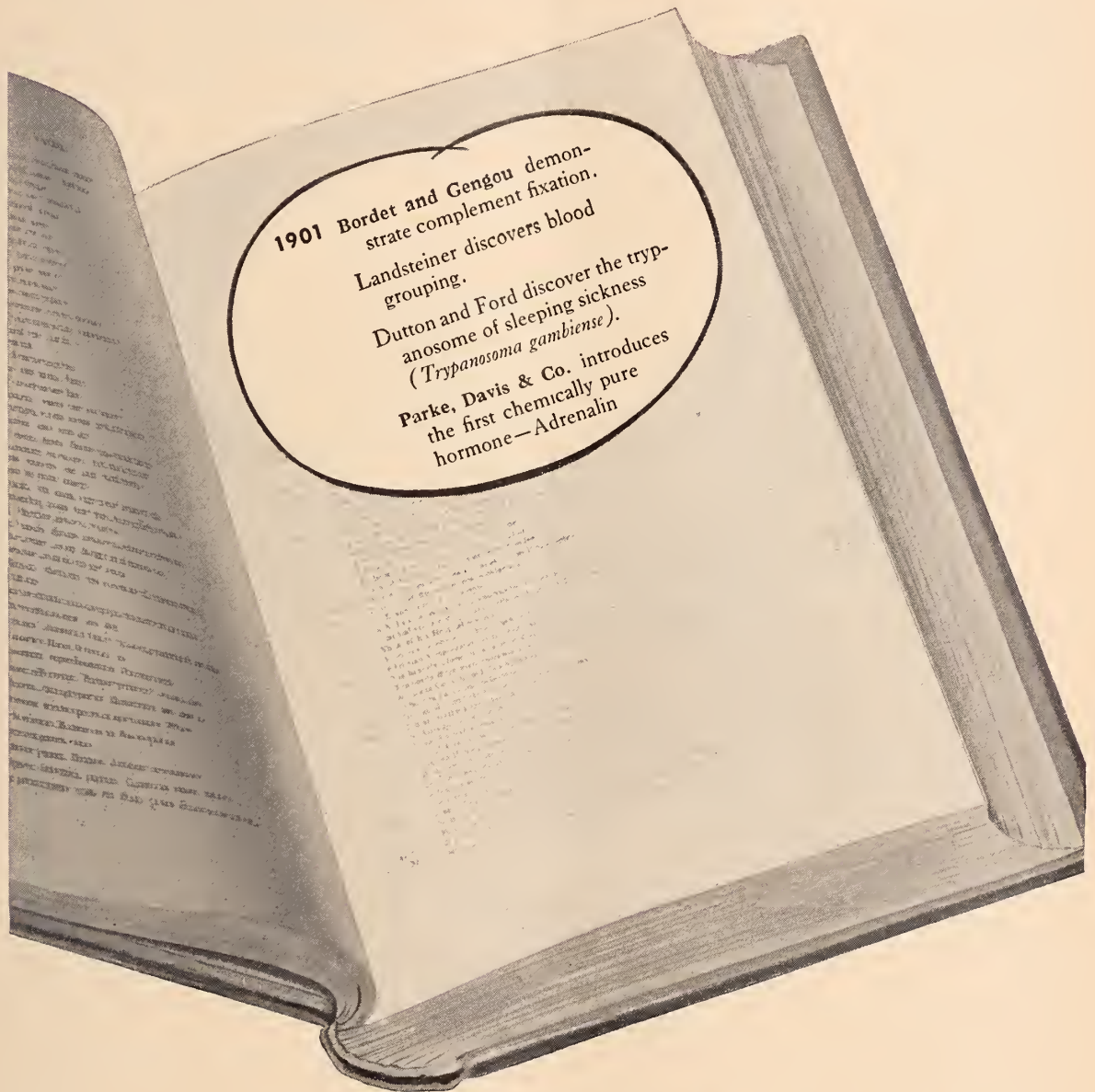
It would be a most ungracious thing if I did not here reiterate the appreciation I expressed two years ago in Santa Barbara when you selected me to be, for the time being, the presiding officer of the Society. . . .

The president of this Society, never selected because an executive or an administrator is needed, becomes *ex officio* a member of the executive body of the Society—the Council. Here, among men whose tenure of office exceeds his own, and whose continuity as a body is assured by the overlapping of the periods of holding office, he learns details of policy formation and control, and business management and administration which he could never know without that association. Here he can appreciate, better than can be done on the outside, the adverse pressure that is constantly on the medical profession, and the constant watchfulness and unbroken counterpressure that are demanded to resist it. Here he learns that directing the affairs of the Society and of the profession is a "big business," with many sides and many phases. Here, too, he sees that policies tending to mutual understanding between the layman and the physician are just as necessary to making the service which the physician sells the layman salable, as they are to the marketing of the output of any other "big business." In each and all, methods which make the customer or

(Continued on Page 20)

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TWENTY-FIVE YEARS AGO

(Continued from Page 18)

patient desire and seek for the product of the manufacturer or the service of the physician, are living methods, and profitable to both parties.

At what point, and in what way can the methods of the medical profession be changed so as to help the layman to want the physician rather than the charlatan, to help the layman prefer the better equipped and prepared man to the more poorly equipped: to make the layman take the same trouble in selecting a physician that he would in engaging a chauffeur or a cook? . . .

The medical profession must make up its mind to having always rivals in the hangers-on to its skirts, parasites who profit by its knowledge and achievements, but who pay naught and give less. They can only be eliminated by the layman; but he loves them, turns to them, leans on them, and by so doing supports them. They are like the poor—they will always be with us. . . .

From the Proceedings of the Forty-fifth Annual Meeting:

From the Report of the Secretary.— . . . As required by the By-Laws, the secretary herewith presents a statement of the condition of the membership of the Society; and, as there was no meeting in 1915, a brief statement of the years 1914 and 1915 is included.

The year 1913 closed with a membership of 2,396.

The year 1914 closed with a membership of 2,503.

The year 1915 closed with a membership of 2,557. . . .

Respectfully submitted,

(Signed) PHILIP MILLS JONES,

Secretary.

From the Report of the Council:

To the Officers and Members of the House of Delegates: . . . *Industrial Accident Insurance.*—A number of complaints having been brought to the attention of the chairman of the Council by the secretary of the Society, the chairman appointed a committee consisting of Dr. James H. Parkinson, Dr. Sol. Hyman and Dr. Philip M. Jones, to represent this Society in the sessions of a joint committee, on which the additional members were Messrs. Bower, Wistrand and Coen of the Casualty Insurance Adjusters' Association, and one from the State Compensation Fund—Dr. Morton Gibbons. This committee considered various matters presented to it, and found: . . .

Medical Defense.—The most important work which this Society has ever undertaken is that of defending its members when sued for damages for alleged malpractice.

From 1909 to 1913 there was comparatively little work. The total cost of the work in all parts of the State for those five years was \$13,323.07.

As an indication of the way the work has increased, it may be noted that for the two years covered by this report the cost was \$16,157.04.

The cost by years is as follows:

1909	\$ 788.08
1910	1,689.37
1911	2,389.65
1912	3,242.87
1913	5,213.10
1914	7,093.01
1915	9,064.03

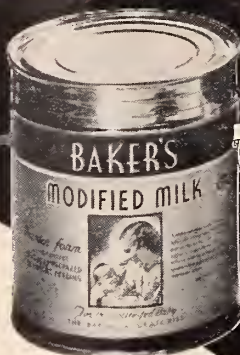
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(Continued on Page 23)

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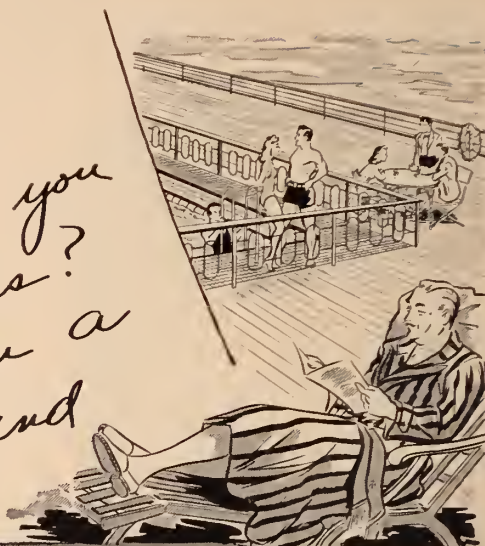
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State Board of Health and American Medical Association)

24-HOUR SERVICE PHONE MARKET 2100

TWENTY-FIVE YEARS AGO

(Continued from Page 20)

From the map and figures presented, it will be noted that there have been 270 suits or threats from attorneys; these are not separated for the reason that any separation accurate today might be false tomorrow. In other words, any number of threats may become suits at any time, and in both events expense is incurred by the Society. . . .

From the Minutes of the House of Delegates, Forty-Fifth Annual Session, Fresno, April 18 and 19, 1916.—First session, April 18, 1916, 8:30 p. m.:

Meeting called to order by the president, Harry M. Sherman. . . .

J. H. Graves of San Francisco introduced the following, which was referred to the Reference Committee:

WHEREAS, The Medical Society of the State of California at its Santa Barbara meeting two years ago adopted a tentative Fee Bill for cases coming under the recently passed Workmen's Compensation and Safety Act, without at that time having had an opportunity to carefully investigate and ascertain what a reasonable fee for such services should be; and

WHEREAS, It appears that the Social Insurance Commission appointed by the Governor of this State is investigating with the idea of enacting into law some form of health insurance; and

WHEREAS, The future welfare of the medical profession is involved in these measures; now, therefore, be it

(Continued on Next Page)



THESE BABY FOODS

*specially homogenized**

ARE EXTRA EASY TO DIGEST

(Statement accepted by the
AMA Council on Foods)

*Not merely strained like other baby foods, but strained and then *specially homogenized*. That is why Libby's Baby Foods—vegetables, fruits, cereal, soups—are so unusually smooth and fine in texture, extra easy to digest. Special homogenization is an exclusive Libby process that breaks up cells, fibers and starch particles, and releases nutriment for easier digestion. U. S. Pat. No. 2037029.

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Thiamin, riboflavin, B₆, nicotinic acid and the components of the "filtrate factor" are all contained naturally within the yeast cell. The autolyzing or self-digestion process breaks open the yeast cell, thereby making the contents of the cell more readily available.

When the vitamin B complex is required, it should be remembered that there is no more potent or complete source than brewers yeast or its extracts like Vegex.

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Vitamin Food Co., Inc.
122 Hudson Street

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New York, N. Y.

TWENTY-FIVE YEARS AGO

(Continued from Preceding Page)

Resolved, That this Society hereby rescind its action in adopting the Fee Bill at Santa Barbara two years ago; and be it further

Resolved, That a committee from this Society be appointed to confer with said Industrial Accident Commission which has this work in hand in order that the interests of the medical profession be properly represented, said committee to report the result of its investigations to be submitted at the next annual meeting of this Society. . . .

F. F. Gundrum, Sacramento, presented a letter referring to the ownership of x-ray plates, as follows: . . .

(COPY)

Dear Doctor Gundrum:

Pursuant to several conversations we have had at various times in the past regarding the ownership of roentgenograms, I am writing you at this time to ask you if you can present the matter to the Directors of the Medical Society, and before the authorities of the State Medical Society, for adjustment.

I have had at various times controversies, both verbal and written, concerning this question. It seems to me that if an authoritative decision can be had much disagreement and no little unpleasantness can be disposed of.

There seems to be no general agreement in the matter. It is conceivable that there might be three claimants for the possession of a roentgenogram, each insisting that by virtue of right and justice he is the sole and true owner; first, the physician who sends the patient to the roentgen-

ologist; second, the patient who is being examined roentgenologically; and third, the roentgenologist who makes the roentgenogram. . . .

I shall be indeed grateful to you for your effort in bringing these matters to the attention of the various above-named organizations.

I am very truly,

A. B. DIEPENBROCK.

✓ ✓ ✓

. . . The following communication was presented by the secretary:

SOCIAL INSURANCE COMMISSION OF CALIFORNIA
525 MARKET STREET, SAN FRANCISCO

March 28, 1916.

Dr. Philip Mills Jones, Secretary,
Medical Society of the State of California,
Butler, Building, San Francisco.

My dear Doctor Jones:

The State of California has created the Social Insurance Commission to make a study of the social insurance theory, to examine the European experiments with this theory, and to make a careful survey of California conditions with the end in view of advising the legislature as to the necessity and practicability of extending the field of social insurance which the State has already initiated in its Workmen's Compensation Act.

The commission is centering its first efforts upon sickness insurance and hopes to return an adequate report on this topic. The coöperation and counsel of the Medical Association will do much to make it possible for the commission to render a report of real value. To this end, there-

(Continued on Page 26)



— a past-due account, in order to be saved, must usually be saved quickly. And today there are better methods of resuscitating a dying account than questionable collection procedure that almost rolls the debtor over a barrel.

These better methods are practiced by the 550 members of our Collection Service Division, strategically located throughout the United States and Canada. They are trained specialists — tactful and trustworthy — well acquainted with your local conditions — equipped and manned to serve your every collection need.

A call today to the one nearest you may save both worry and money.

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Auburn.....	Retailers Credit Association
Bakersfield.....	Herbert P. Sears, Inc.
Burlingame.....	San Mateo and Burlingame Merchants' Association, Ltd.
Chico.....	Butte County Credit Bureau
Eureka.....	Credit Association of Humboldt, Inc.
Fairfield.....	Northern Solano Credit Association
Fresno.....	Merchants Credit Association
Glendale.....	Glendale Merchants Association, Ltd.
Grass Valley.....	Retailers Credit Association
Gustine.....	Crews Business Service
Hayward.....	Harry H. Lee
Lodi.....	Lodi Collection Service
Long Beach.....	Walker's Collection Service Company
Los Angeles.....	Retail Merchants Credit Association
Martinez.....	Retailers Credit Association
Marysville.....	Retailers Credit Association
Modesto.....	Merchants Association of Modesto
Monterey.....	Peninsula Credit Exchange
Oakland.....	Spencer Collection Service
Oceanside.....	Merchants Credit Association
Ontario.....	Merchants Adjustment Service
Oroville.....	Oroville Credit Bureau
Pasadena.....	Pasadena Merchants Association
Petaluma.....	Adj. Dept. of Merchants Credit Association



is listed below:

Pomona.....	Pomona Valley Merchants Credit Association
Richmond.....	Richmond Credit Rating Bureau
Riverside.....	Riverside Business Men's Association
Sacramento.....	The Retailers' Credit Association, Inc.
Salinas.....	Salinas Valley Credit Bureau
San Bernardino.....	Credit Men's Collection Association
San Diego.....	Retailers Board of Trade
San Francisco.....	Retailers Credit Association
San Jose.....	Merchants Association of San Jose, Ltd.
San Luis Obispo.....	San Luis Obispo Credit Bureau
San Pedro.....	Merchants Association
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Santa Barbara.....	The Credit Bureau of Santa Barbara, Inc.
Santa Cruz.....	Merchants Association of Santa Cruz
Santa Maria.....	Santa Maria Valley Credit Bureau
Sonora.....	J. K. Williams Collection Service
Stockton.....	Stockton Merchants Association
Susanville.....	Business Men's Credit Association
Vallejo.....	Vallejo Merchants Association, Inc.
Visalia.....	Adj. Dept., Retailers Credit Association
Watsonville.....	Central Finance & Adjustment Company
Willows.....	C. J. Prunty
Woodland.....	Retailers Credit Association

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INSURANCE COMPANY**

WILLIAM E. LEBBY

State Manager

530 West Sixth Street

Los Angeles

TWENTY-FIVE YEARS AGO

(Continued from Page 24)

fore, we request that the Medical Association appoint a committee to confer with the Social Insurance Commission.

Trusting that the Medical Association will find it possible to render this assistance, I am,

Very sincerely yours,

BARBARA NACHTRIEB, *Secretary.*

~ ~ ~

Concerning Medical Defense.—Your committee recommends that the present system of defending malpractice shall be continued. The report of the secretary and the Council covering the seven years past, during which time this system has been in operation, indicate the increasing value to the members of this Society. We believe that under no circumstances would the Society be willing to abandon this activity. However, many members feel that this safety is incomplete when no provision to pay a possible judgment is provided, and many members carry indemnity policies at a considerable annual expense. . . .

There being no further business, the minutes of the second session were read and approved as read, and the House adjourned *sine die*.

PHILIP MILLS JONES, *Secretary.*

—

From an Original Article on "The Conservation of Vision," by George H. Kress, M. D., Los Angeles; Chairman of the Conservation of Vision Committee of the Medical Society of the State of California.— . . . It may be said that only in recent years has the economic loss accruing from partial or complete blindness really begun to dawn

R_x

Accuracy

Quality

Reliability

The Owl Drug Co

130 STORES ON THE PACIFIC COAST

upon us; but in the brief period during which the conservation of vision campaign has been on, the facts and figures which have been gathered are so conclusive and illuminating that there can be no longer any doubt existent as to necessity of action. The proposition now before us is one of methods to be adopted, and of securing the wherewithal with which to put them into force.

—

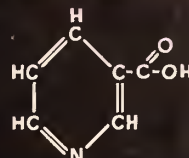
From an Original Article on "Human Cases of Rabies in California and Their Treatment," by J. C. Geiger, M. D., Bureau of Communicable Diseases, Berkeley.—The first case of rabies in human beings in California occurred in March, 1899, and was reported by Radebaugh. The remaining cases, 33 in all, occurred during the epidemic of rabies that, since 1909, has swept completely through California. Colburn, Black and Powers, Sawyer, and myself reported that, up to April 1, 1913, the toll of human deaths from rabies in California was 18. Between April 1, 1913, and March 31, 1916, there were 15 cases. . . .

—

From an Original Article on "The Conservative Treatment of Fractures of the Long Bones and of Wounds Complicating Them—A Paper in Orthopedic Surgery," by James T. Watkins, M. D., F. A. C. S., San Francisco.—Fracture work is now generally recognized as coming within the activities of the orthopedic surgeon. Further, students of contemporary medical literature comment upon the fact that of late years most, if not all, positive advances in conservative fracture work have been made by orthopedic surgeons. The present paper which is in no wise original, but which represents the beliefs and practices of

(Continued on Page 28)

Nicotinic Acid



Recognized As A Specific In Pellagra

Administration of nicotinic acid in appropriate doses in cases of pellagra generally leads to the disappearance of alimentary, dermal, and other lesions characteristic of the disease and to a profound improvement in the mental symptoms when the latter are the result of an inadequate intake of nicotinic acid.

Pellagra, however, is frequently accompanied by evidences of deficiencies of other factors of the vitamin B complex, such as polyneuritis (a manifestation of vitamin B₁ deficiency). In the diets of such patients it may be necessary to insure the presence of foods rich in the vitamin B complex, or to administer—concurrently with the nicotinic acid—thiamine hydrochloride, riboflavin, and, in some instances, pyridoxine hydrochloride.

Nicotinic acid is pyridine-3-carboxylic acid.

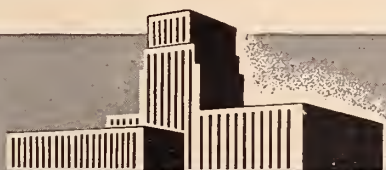
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C. T. Nicotinic Acid,
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C. T. Nicotinic Acid,
50 mg.

C. T. Nicotinic Acid,
100 mg.

in bottles of 100 and
1000 tablets.



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Among the foods mentioned, Melba Toast has 400 calories per hundred grams, compared to only 44 calories per 100 grams in a bottle of Acme Beer.

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Acme Beer is mild and wholesome . . . a delicious beverage to drink. But, more important to "moderns," in equal amounts Acme Beer contains fewer calories than bran muffins, Melba Toast, baked potato, and many another food that usually appears on reducing diets. Truly, Acme Beer, brewed of more costly ingredients, is dietetically non-fattening,* relatively so, compared with other foods.

ACME BREWERIES • SAN FRANCISCO • LOS ANGELES



TWENTY-FIVE YEARS AGO

(Continued from Page 26)

the writer, attempts to outline, from the viewpoint of an orthopedist, the principles, for the most part mechanical, which underlie fracture work. . . .

From an Original Article on "Twenty-Seven Transfusions at St. Luke's Hospital," by Fayette Watt Birtch, M. D., San Francisco.—In the past five years transfusion has been performed 37 times in St. Luke's Hospital, San Francisco. This discussion, however, will be confined to 27 cases which have been performed personally. The results of these cases have agreed in a general way with published statistics. The reports of various hospitals throughout the country show many deaths occurring from hemorrhage, shock, and hemopoetic diseases in which no transfusions had been done. A wider appreciation of the value of transfusion in these conditions is necessary; yet in our eagerness to bring transfusion into its proper relation with other therapeutic measures (for relief of these conditions), the pendulum must not be caused to swing too far. Transfusion is no panacea and should not be selected where the indications are not clear-cut, and not only do certain definite dangers result from its misapplication but untoward consequences may follow its legitimate use. . . .

From an Original Article on "A Tuberculosis Story," by E. M. Brown, M. D.—A rancher, living near Selma, California, following exposure, developed a severe bronchitis, and in November of last year he lost his voice.

Thereupon, he rented his little farm, and with the money from this income he journeyed south in search of health.

Note that no one, when he is able to get away, ever seeks health at home; it must be ever, like the will-o'-the-wisp, just a little farther on.

. . . Who followed him in those eight different beds occupied while in our beautiful city?

Sputum examination showed an average of five tubercle bacilli per field. How many people did he infect before he was properly instructed?

Who is to blame?

The rancher, because he came south in search of health?

The landladies who received him?

The doctor who told him he had bronchitis?

The health officer, for not meeting him at the train?

The commonwealth of California for neglect?

All of us for our indifference?

You answer, when you are sure you are right.

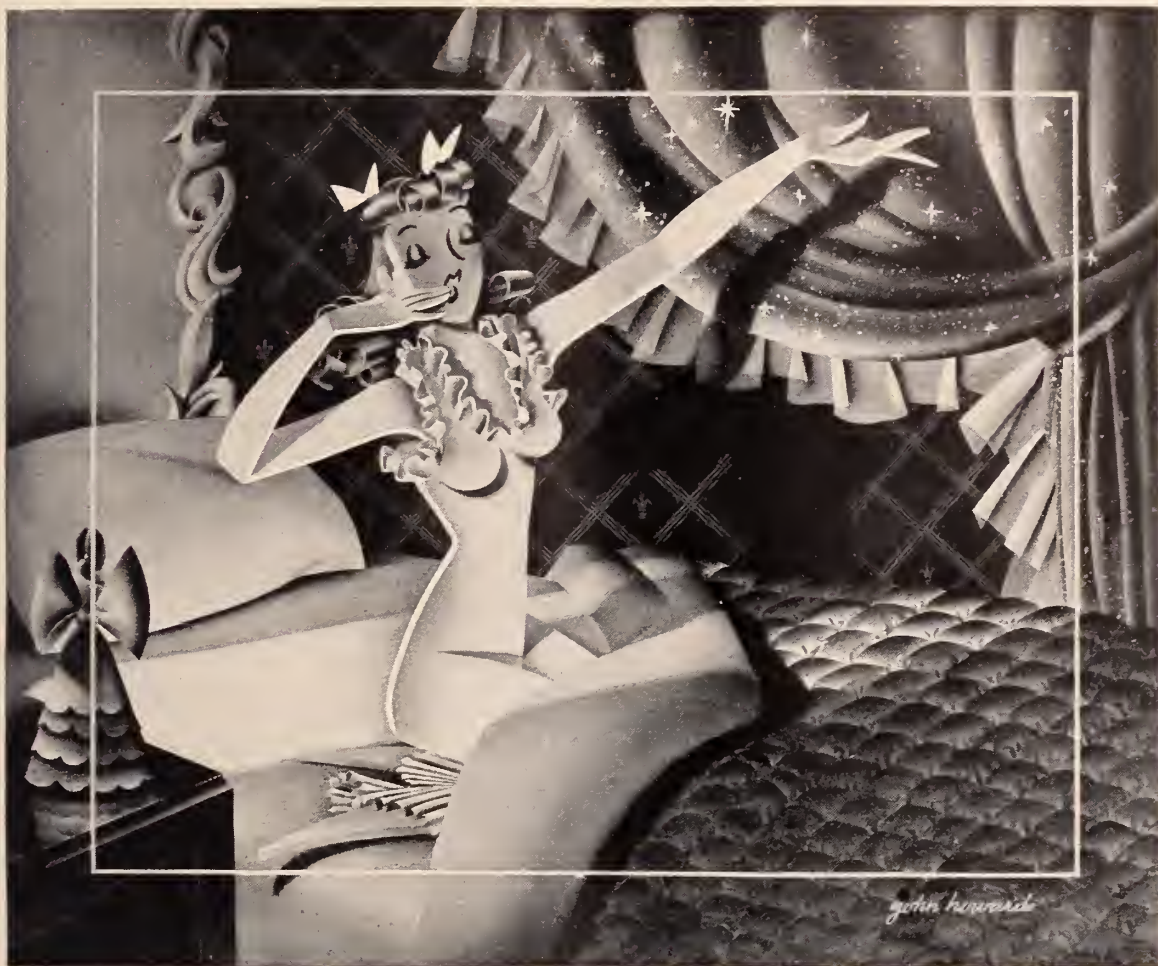
From the Report of the May Meeting of the State Board of Health.—The regular monthly meeting of the State Board of Health was held May 6, in Sacramento. There were present Dr. George E. Ebricht, president; Dr. F. F. Gundrum, vice-president; Dr. Edward F. Glaser, Dr. Adelaide Brown, Dr. Robert A. Peers, and Secretary Wilbur A. Sawyer. . . .

It was decided that the State tuberculosis subsidy be not allowed to patients suffering from tuberculosis and being treated in buildings other than those which have been accepted by the State Board of Health.

Medical Men Open Health Insurance Campaign (News Item), New York City.—The Social Insurance Committee of the American Medical Association has opened perma-

(Continued on Page 30)

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Petrolagar*... *Helps* *Start the Day Right*



• When "Habit Time" is neglected and the patient tends to become constipated, consider the use of Petrolagar as an aid to regular comfortable bowel movement. One to two tablespoonfuls daily (see directions on package) provide bland fluid to help soften the feces and bring about an easily passed, well-formed stool. As soon as a regular "Habit Time" has been re-established, the daily dosage of Petrolagar may be gradually diminished until treatment is no longer required.

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Superintendent, V. W. OLNEY

Address Communications

SAINT FRANCIS HOSPITAL

Bush and Hyde Streets

Telephone PROSPECT 4321

San Francisco

TWENTY-FIVE YEARS AGO

(Continued from Page 28)

nent headquarters at 131 East Twenty-third Street, with Dr. Alexander Lambert as chairman, and Dr. I. M. Rubinow as secretary. The committee was recently appointed by the Council on Public Health and the Board of Trustees of the Association to make a study of health insurance from the medical point of view and to cooperate in making provisions for the best form of medical service under such a system of insurance. . . .

BOARD OF MEDICAL EXAMINERS

(Continued from Text Page 362)

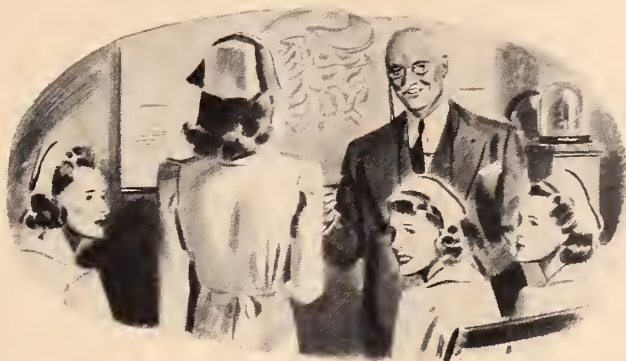
as 'specialist' in advertisements of herb concerns. The bill was approved after the adoption of an amendment deleting a prohibition against the use of the term 'herbalist' by herb practitioners. This change was requested by Stephen White and William Chow, San Francisco attorneys, who said they represented a Bay area institute of 'from 50 to 100' practitioners. Both White and Chow told the committee they would be satisfied with the bill if the word 'herbalist' was stricken. Later they said they did not care what disposition was made of it. Chow told reporters he was opposed to the bill last week, before the Institute retained him. Cronin, the only committee member who voted against the bill, declared: 'I voted "no" because the bill kind of smells to me, and because of rumors I have heard. I'm going to continue to vote "no" until the situation is cleared up. I don't know whether this bill was offered in good faith—not by Mr. Lyon, but perhaps by somebody else—or whether it was opposed in good faith.'

In its original form, A. B. 1349 would have required herb practitioners to have physicians or surgeons licenses before they could use such terms as 'doctor, specialist,' herbalist, or expert.' Later it was amended, at the request of the Board of Medical Examiners, to bring the whole plan under the Pharmacy Board. Annual license fees of \$10 would be required of herb concerns." (Sacramento Bee, April 25, 1941.)

"The State District Court of Appeal has upheld the conviction of Dr. Nathan S. Housman, San Francisco physician, on six felony charges that would send him to San Quentin. The six are two each of perjury, giving false evidence and procuring false evidence in connection with an earlier trial for failure to keep proper narcotics records. Justice John T. Nourse in a ten-page opinion in which Justices Homer Spence and George Sturtevant concurred, declared: 'The State offered irrefutable evidence that the cards were deliberately fabricated by the appellant after he had repeatedly stated to narcotics officers that no such records were in existence, and that he did not know the law required him to keep such records.' The cards referred to were produced by Housman during the first trial as records of his narcotic dispensations. His counsel indicated the case would be referred to the State Supreme Court for a hearing." (San Francisco Chronicle, May 3, 1941.)

"Five defendants in an alleged illegal operation ring, who changed their pleas to guilty in mid-trial yesterday, awaited ruling on their probation applications while their asserted ringleader, Mrs. May Ramsey, fifty-seven, is due

(Continued in Back Advertising Section, Page 34)



Q. Can latent avitaminoses be prevented by diet?

A. Yes. These conditions can usually be avoided by a properly selected, varied diet. In formulation of such a diet, remember that foods selected from the some 375 varieties of canned products may have important places.⁽¹⁾

(1) "There is no known substitute for a steady, well balanced diet carrying liberal quantities of the protective foods. Such diets will provide all the known essential food nutrients in adequate amounts and in addition furnish some measure of safety against inadequacies of essentials about which there is at present no knowledge." J. Am. Med. Assn. 114, 548 (1940). American Can Company, 230 Park Avenue, New York, N. Y.



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CALIFORNIA AND WESTERN MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

VOL. 54

JUNE, 1941

NO. 6

California and Western Medicine

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CALIFORNIA MEDICAL ASSOCIATION

Four Fifty Sutter, Room 2004, San Francisco, Phone DOuglas 0062

Address editorial communications to Dr. George H. Kress as per address above. Address business and advertising communications to John Hunton.

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Committee on Publications

Francis E. Toomey San Diego 1942
G. W. Walker Fresno 1943
A. A. Alexander, Chairman Oakland 1944
Secretary-Editor, ex officio

Editorial Board

Roster of Editorial Board appears in this issue on page 351.

Advertisements.—The Journal is published on the seventh of the month. Advertising copy must be received not later than the fifteenth of the month preceding issue. Advertising rates will be sent on request.

BUSINESS MANAGER JOHN HUNTON

Advertising Representative for Northern California

L. J. FLYNN, 544 Market Street, San Francisco (DOuglas 0577)

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Change of Address.—Request for change of address should give both the old and the new address. No change in any address on the mailing list will be made until such change is requested by county secretaries or by the member concerned.

Responsibility for Statements and Conclusions in Original Articles.—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the Journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this Journal. New copy must be sent to the editorial office not later than the fifteenth day of the month preceding the date of publication.

Contributions—Length of Articles: Extra Costs.—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

	PAGE
Editorials	299
Original Articles: Scientific and General	303
California Medical Association	310
Minutes: House of Delegates	310
Committee on Medical Preparedness	343
Committee on Public Policy and Legislation	345
Committee on Public Health Education	346
Committee on Public Relations	346
Committee on Scientific Work	346
County Societies: Membership; In Memoriam	347
Woman's Auxiliary	348
California Physicians' Service	349
News	351
Letters	356
Medical Jurisprudence	360
Twenty-Five Years Ago; State Examining Board	362

EDITORIALS

SEVENTIETH ANNUAL SESSION: SOME AFTER-THOUGHTS

Official Proceedings.—Minutes of the House of Delegates meetings appear in this issue of CALIFORNIA AND WESTERN MEDICINE and should be scanned by members who desire to keep in touch with official proceedings. Due to lack of space, Council minutes are held over for the July issue.

Current comment indicates that this year's gathering was one of the most successful annual sessions thus far held. The scientific programs of the general meetings, and of the twelve specialty sections, measured up to an excellent standard. The accessory meetings likewise were well attended. The preliminary conferences on Sunday, May 4, attracted large and earnest groups (microscopic, x-ray, clinical cancer, and industrial medicine) and gave evidence of increasing value to physicians who are interested in those fields of work. The scientific and technical exhibits and the film displays also reflected much credit upon the participants.

The worth of the plan in allocating each of the morning conferences for general meetings, with programs of appeal to physicians in general practice, and of allotting the afternoon periods to specialty sections, is becoming increasingly apparent. The elimination of the Tuesday afternoon play period has helped in the conservation of time and has made for better attendance in meetings of specialty groups.

The weather was excellent, the landscape and other features of the Monterey peninsula never appearing to better advantage.

* * *

Hotel and Meeting Room Accommodations.

As the years go by, the task of finding adequate entertainment and meeting-room housing in a single hotel for an organization such as the California Medical Association, with its almost 7,000 members, grows greater rather than less. As a matter of fact, the historic Hotel Del Monte, in spite of some inadequacies, remains the one place in California in which the State Association finds at least a near-approach to satisfying its more pressing needs. Next year, through the erection of some additional cottages now under consideration, it is hoped to provide still better accommodations for several sections in which the overcrowding was evident.

Newly Elected Officers.—On Wednesday evening, May 7, at the close of the meeting of the House of Delegates, President-Elect Henry S. Rogers of Petaluma took over the responsibilities of the presidential office, Dr. Harry H. Wilson of Los Angeles, to whom the Association is indebted for much service, becoming the past president.

A newcomer in the California Medical Association Council is Dr. Frank R. Makinson of Oakland, of the Committee on Public Health Education, who succeeds Dr. O. D. Hamlin of the same city, Doctor Hamlin having expressed the wish to be relieved of duties after a long period of service on the Council, which began when he became president of the California Medical Association in 1912.

The newly elected president-elect is William R. Molony, Sr., of Los Angeles. Doctor Molony needs no introduction, because during his many years on the Board of Medical Examiners of the State of California, as a member and as its president, he contacted a host of medical men and women who came before the body for licensure. Also in Los Angeles, in the component county society, it has been his privilege to serve in many capacities. Those who have worked with him in the past know that he will meet his responsibilities in both a conscientious and an efficient manner.

* * *

Program Participants: An Invitation.—Much work in connection with the recent annual session still lies ahead for Council officers and headquarters staff, but for other members it is not too early to make plans for next year's meetings, which will again be held at Del Monte, on dates to be announced after the time for the American Medical Association meeting for 1942 is known. It is quite in order, therefore, for those who contemplate attendance next year to write for tentative reservations to the Hotel Del Monte.

The Committee on Scientific Work invites members who are interested in special subjects or studies to communicate with the respective section officers. Suggestions on any phase or activity of the annual session will be most welcome, and letters to the Association Secretary who, through by-law provision, is chairman of the Committee on Scientific Work, will be given careful consideration. The names and addresses of the newly elected section officers appear on advertising page 6 of each issue of CALIFORNIA AND WESTERN MEDICINE. Component county societies are requested to cooperate in these matters.

FALL PROGRAMS AND POSTGRADUATE CONFERENCES

Now Is the Time to Outline Fall Programs. Vacation days may be at hand for many physicians, even though not for secretaries of component societies who are alert to their responsibilities. For this is the time of the year in which a survey can well be outlined for the coming meetings of the fall months. Among queries deserving of thought by secretaries and the program committees may be mentioned:

What are the scientific topics worthy of early attention by local members?

Who are the local members to be contacted for possible presentations, either on general subjects, or for case reports or problems of special interest?

Concerning guest speakers to be invited, who in particular should be considered, and what subjects of discussion could be of most value? Regarding such guest speakers, also, it is advisable that invitations should be extended in ample time.

Shall the tentative arrangement of programs contemplate only isolated topics, or shall a plan of consecutive and interrelated subjects, in somewhat of a sequence, be carried through?

These and other questions of equal import may profitably come up for consideration.

* * *

Clinical Conferences: An Old Topic, But Ever New.—And how about a Postgraduate or Clinical Conference?

Could such a refresher course be made to interest members, not only your own, but physicians practicing in adjacent societies?

What are the subjects that would probably prove of greatest value, and do local members have a preference for certain guest speakers?

Where could such a clinical conference be held to best advantage? Who would be the local member or members to be depended upon to make the necessary arrangements—and then carry them through?

The California Medical Association Committee on Postgraduate Activities urges every component county society to give earnest consideration to the desirability of sponsoring a clinical conference. Correspondence with the Association Secretary is invited. Information on best methods of procedure will be sent to all who may be interested. Keep in mind that many communications may be necessary from the headquarters office, before arrangements, satisfactory to all concerned, can be completed. Early attention to these matters is requested.

CALIFORNIA LEGISLATURE: MEDICAL MEASURES

Legislative Committee Has a Hard Job.—Members of the medical profession have this in common with other citizens: they breathe a sigh of relief when adjournment day for a legislative session becomes a fact. Not so much because the legislators are primarily inimical to the needs of public health and medical practice—for they are really not—but owing, rather, to the uncertainty of what may happen so long as prospective statutes, lying perhaps in committee files, can be reported out for consideration on assembly and senate floors.

Only those who have borne responsibilities in legislative matters can fully appreciate the subconscious unrest borne by members of the California Medical Association Committee on Public Policy and Legislation, and the associates and workers upon whom they depend for aid, and how grateful these committeemen are when a controversial measure is settled one way or the other. Even so unpleasant an experience as the unexpected veto of legislation sponsored by the profession is

not without its advantages, since the gubernatorial rejection may become an impelling factor in plans for a determined battle in a succeeding legislative session.

* * *

Fate of Certain Measures.—Concerning the record of the California Legislature still in session in Sacramento—(the legislators hope to adjourn in June)—it may be said that public health and medical interests have not been greatly endangered.

Elsewhere in this issue, comment is made regarding certain measures of special interest, as will be found on page 345. Other summaries have appeared in the March issue, on page 135, and in the May number, on page 283.

It may, therefore, suffice to again call attention to the fact that:

The Compulsory Health Bill (S. B. 645), the need of which was stressed in the Governor's opening message to the Legislature, was not seriously pushed by the state administration. Unless an initiative is brought to the front for submittal to the electorate in November, 1942, the proposed compulsory health statutes will lie on the table until the Legislature convenes for its next biennial session, in January, 1943.

The bill (S. B. 977) to establish an additional healing art board of cultist type (naturopathic) will probably "die in committee."

The measure (A. B. 1475) designed to provide proper safeguards to prevent the licensure of certain foreign graduates through reciprocity went on to passage through Assembly and Senate, but received the Governor's veto. A press clipping on page 346 gives additional information. It is possible an effort may be made to override the Governor's veto.[†]

However, another bill relating to applicants for medical licensure (A. B. 503) was signed by the Governor, and limits the number of credits granted for years of practice; and thus will aid in overcoming defects in the former statute.

Two measures of an enabling nature, designed to promote the scope of medical service organizations, and which could aid in the further development of California Physicians' Service, were A. B. 562 (passed the Legislature, but vetoed by the Governor), and A. B. 563. (On June 10, word was received that Governor Olson had signed A. B. 563.)*

A. B. 1625, establishing a medical and dental program for persons receiving assistance from the public moneys of this State, has not been making the progress so worthy a measure deserves.

On June 6, word was received that Governor Olson had signed A. B. 690, granting authority for exemptions to licensed physicians, when traveling in response to emergency calls. This statute originated through Resolution No. 24, introduced by Dr. L. T. Bullock of Los Angeles at the meeting of the House of Delegates in Coronado, and printed in the June, 1940, issue, on page 271.

[†] On June 14, 1941, this measure, on a second vote to override the Governor's veto, was enacted. It is now a California statute.

* A. B. 563 now becomes "Chapter 629 of Statutes of 1941."

Prenatal Injuries as a Basis for Malpractice Suits.—It is gratifying to know that S. B. 302, introduced by Senator Fletcher of San Diego at the instance of H. T. Woodward, M. D., of that county, went on to passage, receiving Governor Olson's signature on May 26. Doctor Woodward became interested in a case on trial in Modesto, in which Dr. E. R. McPheeters was sued by the parent of a child, now age 14; the parent contending that Doctor McPheeters had been responsible for prenatal injuries and was therefore guilty of malpractice; and when the Association Secretary visited the San Diego County Medical Society, Doctor Woodward brought the matter to his attention.

Two trials were held, each bitterly contested. Doctor McPheeters receiving support from the "Medical Society of the State of California," the optional medical defense organization. The Association Secretary took up with Doctor Woodward the proposed statute which he had asked Senator Fletcher to have drafted by Legislative Counsel Fred B. Wood. For the information of those who are interested, a communication dated August 15, 1940, addressed to Doctor Woodward by Legislative Counsel Wood, appears in the Letters department on page 356 in this issue.

It was important that the previously existing statutes should be amended, if suits based on claims of prenatal injuries that, under the old law, could be introduced until a child reached the age of 22, were to be prevented. Thanks are given to all who aided in bringing about the successful effort for this piece of legislation.

In the July issue will be given an additional summary of legislative enactments relating to medical practice.

ON PUBLIC HEALTH EDUCATION

Improper Suspicions.—In our present day, many citizens have developed suspicions concerning the basic structure that underlies medical practice and the profession. Why this uncertainty should exist in the minds of the laity is not easy to explain. Many of the doubts, probably, have come into being through perusal of newspapers and weekly and monthly journals, in which articles are displayed dealing with public health topics; usually with emphasis upon sensational features, and containing discussions or dissertations on the inadequacy of medical service as shown by this, that, or some other set of statistics. Mixed with this, of course, is a goodly amount of pseudo-philosophy by modern-day welfare obsessionists, who have anointed themselves as able to remedy everybody's business except their own. Since these individuals and organizations turn easily to the printed page, it is not surprising that their literary emanations should be so frequently in evidence in the layman's press.

* * *

Medicine Must Be Militant.—The lesson to be learned from these conditions is that members of the medical profession must appreciate that it is not only necessary to practice medicine in accord-

ance with the best scientific and ethical principles, but that they must be militant in protecting its standards and capacity for service. Otherwise, medical practice, as now carried on, may be seriously altered. In other words, physicians must avail themselves of opportunities to prosecute counter-efforts designed to make ineffective the misleading information so constantly thrust to the front by faddists and others who would change the whole character of medical practice, through the institution of impractical compulsory sickness insurance and similar schemes.

* * *

Means of Counter Publicity.—In times past, attention has been called to the advantages of "speakers' bureaus" in the larger county societies, whose members can be called on for talks to be given to service and other clubs. The members of such clubs often have real interest in medical problems; and public health subjects, when properly presented to them, make for their friendly outlook and coöperation with the medical profession.

In like manner, the Woman's Auxiliary in every county can be of great aid by having the members maintain active contacts with other women's organizations in each community, with particular reference to their public health and welfare committees.

* * *

Newspaper Articles.—Articles for newspapers, under sponsorship and over the names of medical societies, also open up a large field of opportunity. Only here, the economic element may come into operation, and benefits to be derived must first be carefully weighed against the money costs. Not infrequently, however, through kindly personal contacts it may be possible to secure valuable space in the press for the presentation of sound policies related to the public health and profession. Naturally, it is not easy to transform an efficient physician into an equally able publicist; the difficulty here being the greater because public taste has been so changed, that articles of too serious a nature, as usually written by physicians, are rarely read.

* * *

Three Examples of Newspaper Publicity.—Recently there came to the desk three examples of newspaper publicity, the ten full-page "Annual Health Section" of the Pasadena *Star-News* of May 1, and sponsored by the Pasadena Chamber of Commerce, being one of the best of such issued ever called to our attention. In a display box across the top of the first page appeared a statement which is here printed because it indicates the elements the *Star-News* deemed necessary to bring into play, in order to best portray its "Annual Health Section." Text follows:

*Special Section of Star-News Written, Edited by
Medical Authorities*

The Pasadena *Star-News* is honored in presenting today Dr. Wilton Lee Halverson, Pasadena City health officer, as guest editor of its annual health section. When the decision was reached by this newspaper to produce a

special section in the hope it might contribute to the sterling work being done in this field by the Chamber of Commerce, health officers, hospitals and other agencies, the *Star-News* resolved to embark upon a novel experiment. Doctor Halverson was invited to be editor. As editor, he should plan the entire edition. It should be his decision which men and women should write the authoritative articles presented here. What topics should be treated, and at what length, should be governed solely by his judgment on what would make this section contribute its well-round utmost to advancing public health education in this area. This invitation Doctor Halverson graciously accepted. Technical assistants, reporters, and copy-desk men were placed at his disposal. He, in fact as well as in title, is editor of this section. And into the work he put a month's planning, many hours of labor. In the past, persons charged with the responsibility of public health work have felt space devoted by newspapers to this field was not used to maximum helpfulness. In this instance, at least, such is not the case. Doctor Halverson's product shows thought, skill, and above all—authority. The *Star-News* on behalf of its readers, herewith extends gratitude to Doctor Halverson, to the sponsoring Chamber of Commerce committee, to the many special writers for this edition, and to the businessmen whose coöperation has made this edition possible.

We regret that it is not possible to give the topics discussed by the large number of medical and lay contributors. But what has been done in Pasadena, should be possible in other California communities.*

✓ ✓ ✓

In the Bay Region, the San Francisco and Alameda County Medical Societies have recently run newspaper articles that are worthy of special mention.

Thus, the San Francisco County Medical Society presented an interesting series of topics in the San Francisco *News* under the caption, "Modern Medicine," with a subhead, "One of a Series," the introductory note stating "This is the first of a series of articles on some of the ideals and objectives of modern medicine, as defined by the County Medical Society.—The Editor."

And across the bay, the Alameda County Medical Association used the pages of the Oakland *Tribune* to display a 14-inch double column article, with the caption:

*In the Interest of
BETTER HEALTH
of Alameda County Children*

In this case, the informative text was signed, "Presented by the Alameda County Medical Association."

✓ ✓ ✓

These items are referred to because they indicate some ways in which public health education may be carried on. Component societies having further interest in these matters should feel free to write to the headquarters office.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 310.

* Through the courtesy of Doctor Halverson, it will be possible to send a copy of the May 1 Health Section edition to each component county society.

ORIGINAL ARTICLES

COMMENTS ON "MAN THE KNOWN"*

PRESIDENTIAL ADDRESS

By HARRY H. WILSON, M. D.
Los Angeles

INTRODUCTION.—The most notable progress in medicine over the past half-century has been mechanical in nature, as evidenced by the skill with which the most intricate surgical procedures are performed throughout the world today. Chemistry seems destined to be the next great field for development. The association of the clinician with the physiologist, biochemist, and physicist is opening the doors for the application of biochemistry to diagnosis and treatment, and, when further applied to a better understanding of nutrition, will undoubtedly lead to a tremendous increase in immunity and prevention of many of the little-understood, so-called, degenerative diseases.

The medical profession has been remiss in the field of education, psychiatry, psychology, and just plain, common sense has not been applied neither in contact with our patients nor in contact with lay organizations to a satisfactory degree. This has resulted in large numbers of lay psychologists, faith healers, and others invading what should be the field of medicine, to supply the demand from the public for understanding and comfort.

At this time, where civilization might seem to be failing; where we might with propriety question whether man is an intellectual animal or merely an emotional beast; where faith, ethics, and the chief hallmark of education (the ability to get along with each other), seem to have been discarded or are lacking, it seems appropriate to discuss man as he is *known*, in a relatively academic, almost dogmatic, fashion. For this purpose I have collected a few thoughts, accumulative throughout twenty-five years of medical practice, and the observation of conduct on the part of my fellow man.

If this morning my discussion is elementary, it is designedly so because I believe there has been too much mystery, too much confusion, and a too profound approach from far too many sources, and that we would all be the better for an understanding of, and adherence to, a few elementary truths by which to live.

LIFE

Life consists of a series of conflicts between personality and changing circumstances. This has been true throughout the entire procession of mankind, through valleys and over the mountains of the earth, and we find that, biologically, man has not changed an iota.

Man-made laws have changed our superficial behavior. Education has assisted in disciplining our conduct. Environment and education, together with religious influence, have helped us use our intellect to evaluate our emotions and adjust our

attitude toward circumstances, and, in the last analysis, a stable personality is manifested by one who is capable of using his intellect to adjust his attitude. Another way of stating it would be that a stable person has a proper sense of values. He is not too elated by success, nor too depressed by failure, and is one who realizes that how we behave is important, not what happens to us.

PERSONALITY

Since personality is the sole asset or liability of each of us in the battles throughout life, what constitutes personality? It is made up of the accumulative, aggregate effects of heritage, which is genetic, plus the educational, which is environmental, factors, in forming our *physical, intellectual, emotional, spiritual, social, and moral* picture as *seen by others*. It is obvious that the relation of these six factors, and the balance with which they are reflected in our appearance, conduct and attitude, are to a high degree hereditary, handed to us at birth, without choice on our part.

Man has an intellect and it is susceptible to training, may receive ideas and, if exercised and used, the intellect may discipline the other factors so that it is possible for each person to make of himself that which he desires to achieve within the reasonable limits of physical and intellectual capacity.

A balanced, stabilized personality has comparatively fewer problems in the conflict with the circumstances of life.

It is easily understood that the two opposite types of personality automatically adjust their attitude with less conflict than those of mixed types.

For example, the shy, timid, sensitive, imaginative, proud individual has developed a character pattern that almost automatically causes him to shun conflict and seek satisfaction in retreat; whereas, the bold, stolid, antagonistic, unimaginative type walks fearlessly through the earth, elbowing people out of the way, tramping on toes, immune to hurt, seeking only fulfillment of his immediate objectives.

Those whose heritage has brought about a composite type, have a series of indecisive periods which lead to lack of ego, which is unacceptable to man, and is one of the commonest causes of the development of a sense of inferiority or futility.

HISTORICAL

If, for a few moments, we could go back to an indefinite period thousands of years before Christ and see the shaggy-haired man with the lantern jaw and the sloping forehead, with his extremely limited intelligence, not knowing enough to come in out of the rain (literally, for he did not build a shelter!), we can trace the beginning of those environmental and hereditary tendencies which have led to the development of personality in man of the present day.

In the dim-thought processes of this prehistoric man, if the rains came, and a rock was loosened which rolled down the hill and broke his leg, he thought: "I have done something bad—I am punished"; and when there was thunder accompanying the rain, he would look to the sky and the

* Address of the President of the California Medical Association, given before the first general meeting of the seventieth annual session, Del Monte, May 5, 1941.

voice from the sky as the arbitrators of what was good or bad, and feared this strange power which punished him for his evil deed.

If, on the other hand, the rains cause berries to grow, and he could fill his belly and loosen the grapevine, then he smiled and thought: "I am rewarded, for I have done good"; and so, as he and his kind recounted in the family and the early tribal gatherings, the gradually increasing list of good things or manna, and bad things which were taboo, over the thousands of years or more in each tribe and village, a smarter man than the others began to remember and recount the taboos and the mammas, adding ceremony and ritual to impress his hearers and increase his power and prestige; so out of folklore came religion and also character-behavior patterns, which were both genetic and environmental in their primitive origin, and were formed as a part of the heritage.

These factors are so strong and they have been so well developed that today we recognize tribal, racial, national, and familial tendencies to react that almost make it possible for a student of genetics, upon hearing a name and verifying the origin on both sides a little back, to tell how that individual is going to react to his problems of life.

THE WANTS OF MAN

In almost every instance, in dealing with a mal-adjusted personality, it has been found in the last analysis that the causative factor lay in frustration of one or more of the biological laws governing man. Man's essential wants are simple.

Sexual Communion

The first is sexual communion.

Our primary purpose is to perpetuate our kind.

Why, I do not know.

I do not intend to be cynical.

I have a warm feeling toward my fellow man.

I do not resent being a body servant, as a physician is to his patients; but it seems to me that mankind represents rather poorly an enlightened, civilized, educated species.

I am inclined to believe that many of the animal and insect kingdoms are better organized than are we.

I am not sure, when we tear up the bowels of the earth, destroy its forests, dam its streams, erode its soil, and spend our lifetime waiting upon each other, that we are particularly a credit to the world.

However, the urge to perpetuate our kind is there and the male seeks a female, and the female seeks a male, for that purpose.

A home is essential.

The offspring of man are puny.

They would perish unless protected for twenty-odd years, and nowadays even more.

Monogamy is today's rule.

Few people, for a relatively short time, have participated in a monogamous marriage.

I am not sure it is the correct answer, but not having a more constructive one, hesitate to even analytically criticize.

The ego of the male requires the admiration and dependency of the female.

He is the hunter.

He went out with his stone hatchet, bow and arrow, or club, and brought in the game which provided the food, clothing, and shelter.

In competition, there were always others who were bigger, stronger, faster, more alert, more cunning, than he; so that he came home with his head down, his ego deflated, his confidence shaken, but if he looked into the eyes of his mate and, in effect, she patted his back and said, "There, there, big boy, you're really good," his head came up, his chest inflated, and he thought, "I am good; I'll go get them tomorrow."

So, in the rôle of sexual communion, the female is the professional back-patter to the male, whether she be mother, sister, wife, or friend, and man reaches his greatest development when fed that kind of food.

The female; what is her need?

She has been a possession, bought, sold, stolen, exchanged, given away.

Her great fear in life is insecurity, not just because of self, but because she is the mother, potential or otherwise.

She is charged with the responsibility of one of the chief parts in the perpetuation of our kind.

She would be untrue to her duty if she did not fear for her security.

Her body is the symbol of her security.

Where she has been prized, she has been safe.

Her interest, to a large degree, is in the secondary sexual factors.

Her ego requires proof that she is adorable, lovely, attractive.

Therefore, the male's duty and privilege is to afford her food to her ego, by constant reiteration of those things which prove her attractive.

Her chastity is preserved, not because she is more moral than the male, but because she would be untrue to her responsibility if she were indiscriminate with her security.

Where proper sexual communion exists, one of the great causes of maladjustment of personality is avoided.

Work

Work is the second biological requirement.

Man must express himself constructively, and his expression must be measured by his own sense of whether the work is nearly up to his high capacity and ability, or not.

I do not think that we ever reach our goal, reach our capacity, or satisfy our demand, but if the intellect is used, it is possible for us to be practical enough to say: "That is reasonably well done; I could have done better, but there are other things that are worth while, and I will accept this and not feel critical of self, nor permit ego to be deflated and a sense of frustration to develop."

That constitutes the normal attitude.

On the contrary, if circumstances prevent this normal expression and dissatisfaction is present, the ego is deflated, a sense of futility and inferiority occurs, and maladjustment follows.

Man is elastic and capable of great adjustment to occupation, but I do not believe that it is constructive or will ever supply the need of man for work expression to artificially regiment him into made work projects; many of which are useless, time-consuming, uninspiring, have no natural selectivity of talent, and are regulated as to output upon the basis of the weakest and poorest worker, without stimulation and reward to bring about the development of initiative that is so essential for the happiness of man in work expression.

Womankind has been occupied in being the homemaker, the wife and mother.

Now for a few years past women are attempting to adjust themselves to a self-sustaining program.

Intellectually they are perfectly capable of so doing.

It is my belief, however, that in only a few instances will successful, intellectual adjustment occur that will permit thwarting of the age-old biological laws.

If we were intellectually dominated, this would not be true; but mankind is as yet more than 98 per cent, I believe, emotionally ruled, and the male is likely not to be big enough to adjust himself, and the female is likely not to be sporting enough to adjust herself to a companionship basis that is not based upon a resumption of the age-old emotional relationship.

Faith

Faith is essential.

We, as physicians, as scientific men, regardless of our training or lack of training in matters of religion, have observed man's lack of self-sufficiency.

We question how much of his faith is superstition.

We may question the interpretations of the Bible.

We may question the discrepancies in the interpretation of religious expressions, but I do not think any of us would question that man has inherited a need for a belief in something more than himself.

This, to my mind, is a logical inheritance, the same as we have inherited the tendency and ability to walk upright on two feet.

Since the early man looked to the sky at the sound of thunder or at the sight of lightning, and felt awe and comfort, mankind has believed, and felt the need of, a power other than that within himself.

Pseudo-intellectualism has led individuals and groups of individuals to rely upon self, to discard faith; but I do not believe that a permanent adjustment or stabilization of personality can occur or will follow where the proper and reasonable use of faith is not a part of the picture.

In the confusion, in the conflicts, in the frustrations where ego is deflated, the use of faith is a recess, a rest, a comfort.

It permits the restoration of ego and of confidence.

It fills the gap in our lack of knowledge.

Any faith that is acceptable to the individual is a good faith.

Play

Man is still only a partially disciplined animal, a short way removed from running, fighting, hiding, killing.

He resents convention's discipline.

His feeble intellect grows weary, resentful, and rebellious.

So it is wholesome, and I think quite necessary, for man to play.

Most men benefit by physical play where, for a brief period, they return to childhood and run, laugh, shout, strike.

There are others where hobbies, stamp collecting, art appreciation, music, etc., afford the rest, the release, the readjustment of values.

Philosophy might be added and considered with either faith or play. It has the possibilities of adding zest to living.

If participation and intellectual adjustment to the above-named factors are permissible, man should be reasonably stabilized and his provocation for maladjustment should be relatively slight.

THE RESULTS OF CONFLICTS

Normal

In the series of battles between personality and changing circumstances, if the intellect is used to evaluate and understand the emotional reactions, and brings about an adjustment of attitude, then values are sound; normal man results.

Where frustration of one of the elementary wants occurs and the emotions dictate the attitude, all mankind fall into one of the following groups:

Neuroses

Here symptoms are substituted to excuse the failure and restore the ego.

Alcohol

Really a form of neurosis in which the frustrated individual first inflates the ego, then drugs his intellect, so that he is unaware of the reality of his problems.

Drug Addictions

The same as excessive use of alcohol in an attempt to hide from the realities of life.

Genius

Another who cannot take it, but substitutes work and, having ability, the work is accepted; but he is a maladjusted personality, fortunate in many instances for having substituted achievement and being constructive.

Religious Zealots

The religious zealot is one who has dumped his problem in the lap of the Lord, and ceases to battle and looks for reparation of all of the injustices of this earth in the Hereafter.

Psychotics

Made up, to a large degree, by the hereditary degeneratives who live on the borderline between stability and complete retirement into the private world of insanity.

Nearly all of us may be in one or another of these groups at times, because it is doubtful if a

completely normal man is attained by any of us at all times; but our average must be better than 51 per cent or society's yardstick, by which we are measured, will classify us, and few of us are big enough to pay the price of not playing the game according to the rules laid down by society.

The complexities of life require the combination of efforts, unity of purpose, acceptance of a common definition of ethics, objectives, and means. Such a combination is the California Medical Association.

CIVILIZATION

Education is based upon the reception of ideas by the intellect and embraces the entire environmental influence.

Its primary purpose is to teach each of us to live with others.

An educated, civilized person must be adult-minded.

He must have learned that it is not "my" sand pile, or "my" doll, or "my" medical practice, but that "we" and "ours" exist.

He must learn to adjust himself to society's rules, whether he thinks them properly constructed and operated or not.

To be adult-minded requires the use of the intellect, discipline of the emotions, or a recognition of the emotional impulses and proper evaluation placed upon them.

It is not only important that our superficial mannerisms conform, because we all recognize that we walk, talk, eat, dress, and behave according to society's accepted pattern; but it is important that our *attitude within ourselves* conforms in order that rebellion may not exist.

If intellectual rebellion exists, for reasons of philosophical expression or research, it is likely not to be harmful, but on the contrary, zestful; but if emotional rebellion exists, then bitterness, depression, hatred, illness, discord, and maladjustment result.

It also means that we are still not adult-minded.

The highest goal in civilization is reached by voluntary association of individuals to promote general or public welfare, free from parental control or compulsion.

Such an organization is the California Medical Association.

CONCLUSIONS

In these days when we are surrounded by uncertainty and fear, the medical profession is charged with the responsibility of proving that civilization is not failing.

We are adult-minded.

We are educated.

We do know how to live with each other.

We are a group voluntarily banded together to promote public welfare.

We must remain stabilized even if our fears are realized.

We *must* keep our own attitude sound.

We must instruct and impart understanding and stability to those we come in contact with who lack our understanding, are bewildered, and need our help.

Regardless of the form of government, the interference with private practice, the necessity of readjustment of our lives, it is essential, yes, even more essential, that *our* attitude be intellectually adjusted in order that we maintain our place as leaders, and serve humanity in the manner to which we are dedicated.

This, I am confident, men of medicine will do.

1919 Wilshire Boulevard.

THE STATE OF OUR PROFESSION*

By J. H. MUSSER, M. D.

New Orleans, Louisiana

IT might be well for the members of the medical profession to hesitate for a few minutes in the busy rush of their daily activities in order to give thought to the present-day conditions of medical practice, to consider where they may be going, and to assay the state in which they are now living as a result of the existence of a national limited emergency which, almost as this is written, may become a grave emergency. War, involving the greater part of the population of the world, has disturbed markedly the course of living in these United States. The preparations for war, or perhaps more correctly, the getting ready for war so if it should come we would be prepared, has already and undoubtedly will produce a further and greater and more profound change than has, as yet, taken place. While the populace as a whole has been influenced by the martial events of the last two years, I doubt seriously if any one economic or professional group has been, or will be, so materially affected as the medical profession. Already some thousands of civilian physicians have been called into active service. They have left their practice, they have vacated their teaching positions, they have gone from their public-health activities, and they have deserted their industrial jobs. Communities have been left without professional guidance, laboratories have been depleted of their research workers, hospitals are carrying on with inadequate intern staffs, industry is lacking sufficient medical personnel, and even public-health measures are limping along because the trained professional man, who can properly supervise such projects, is lacking. All these disturbing factors, it is true, have been relatively limited in their breadth and scope. It is an isolated rather than a general problem, but, it should be remembered, that the real preparations for war, or actual war, are still in the offing, and it behooves physicians calmly and critically to consider how best to guide and to control the professional, economic and social disruption that has started now in a minor way but soon may obtain major proportions.

I shall not attempt to solve these problems, nor could I. Better minds by far than mine have been drafted by the Council on National Defense to deal with the enigmas that are bound to arise, if they

* From the Department of Medicine, Tulane University School of Medicine, New Orleans.

Guest speaker paper, read before the first general meeting at the seventieth annual session of the California Medical Association, Del Monte, May 5-8, 1941.

have not already done so. The intellectual and the experienced practical men of the medical profession are working in Washington and in Chicago, under the aegis of the Committee on National Defense and the American Medical Association, to anticipate and to prepare for the developments of the future. Rather would I like to comment upon the present state of the medical profession, not as the deliverer of the fireside chats on the state of the United States, the titular and actual first man, the leader of this country who has a tremendous amount of information, who knows more about political, social, international and economic conditions than does any other man in the country, but simply as a medical observer who has had the opportunity of exchanging ideas with other doctors in various parts of the country and who has had the opportunity of being in rather close contact locally with the problem of the draft, the conduct of a medical school, the carrying on of a public-health program, and the exigencies of private and hospital practice.

THE DRAFT

It might be appropriate here for me to pause a minute to pay my respects to the draft boards and their examining physicians. Volunteers all, these men are giving untold hours of their time, freely and cheerfully to that which they consider to be, and is, a patriotic duty. When I think of the approximately 50,000 or more doctors, roughly more than one-third of all available physicians in these United States, who have given their best professional skill and their time, already overcrowded, to the physical examination of the candidates for the draft, I wish that more honor and a greater recognition of their unselfish labors could be obtained. I wonder if anyone has ever figured out how much in terms of actual money has been donated to the Government by these men who have given of their time, and their brain? It would be a mighty sum even in this day of astronomical figures. I have said that the doctors have cheerfully and gladly given their services. Let me illustrate from my experiences in my own state. In working with the Parish and State Medical Societies in securing the services of some 480 medical men to serve as examining doctors and as members of medical advisory boards, I had only two men decline the appointment without explanation. There were several who had to refuse to serve, but they were sick men. In other words, almost to a man the doctor expressed himself as willing to undertake new duties and fresh responsibilities. I believe that this whole-hearted response of the medical man of Louisiana has been duplicated in every state of the Union.

There seems to be little doubt in the minds of most examiners that the draft board standards should be modified. Personally, I cannot for the life of me see why the flat-footed athlete should be deferred, while the psychically unstable individual without hernia openings and with well-arched feet is inducted into the service. In my army I would much prefer to have a stable soldier with flat feet than a flighty, near-psychopath who,

from his neck down, is a perfect physical specimen. Of course, the first abnormality is purely objective; it can be seen and felt in one minute, whereas with the latter it is the intangibles with which the physician is dealing. It may require hours of patient study and observation to try to determine whether or not a man is psychically unsound. Clues, which are often disregarded or passed over, include fluctuating blood pressure and an unstable pulse rate. Often an elevated blood pressure, which, on subsequent readings, is found to be normal, or a tachycardia which disappears when the recruit-to-be is examined under less fear-provoking circumstances than during the initial examination, furnish fairly definite indications of a future neurocirculatory asthenia.

The teeth are also a bone of contention. It seems perfectly ridiculous to defer or to throw out completely the man who lives digestively comfortably and is satisfactorily nourished despite the absence of a certain number of teeth in apposition. Instead of paying so much attention to the objective findings, should not greater attention be paid to what a man can do and does in civil life physically, to what extent he responds to emotional stimuli, how he reacts to illness and how much sickness and how many ills has he had since passing puberty. As causes of rejection now exist, there has been a very real loss of man power. Perhaps if there was actually war the causes of rejection or deferment would be made less rigid, in fact decidedly more elastic.

THE FUTURE SUPPLY OF DOCTORS

The Army will need approximately 8,000 additional doctors a year who, of necessity, must come from civil life. Probably 3,500 of these physicians can be obtained from the group of 5,000-odd men who have just been graduated and then completed a year of internship. This statement applies to this year and next year only, because at the present time apparently only those young men finishing their medical training are being deferred for the time being. This is no indication, however, that the men less advanced in their training will be deferred from the draft. This situation is critical. If the spigot be turned off in the pipe that permits of the flow of a steady stream of young doctors, there will be a tremendous dearth of doctors for future military and civilian needs. If the medical school classes are half-depleted by drafting the men in training, then necessarily there will be only half as many men graduating from the medical schools of the country. Under present conditions the supply is just about sufficient to meet the demand occasioned by the death, illness, or withdrawal of practice by the older physicians. Now the military forces, the Army and the Navy, and their closely related activity, the United States Public Health Service, need and will need about 10,000 more doctors than they have enrolled at present. If a very goodly percentage of this number cannot be supplied from the group of men just completing their training, the medical profession from civilian practice will have to be drafted. Making the picture even more gloomy is the fact that in another year or a year and a half the 13,000

medical reserve officers will no longer be available for duty with the armed forces, as they will all have been called out and will have served or are serving their year in military life.

That the younger man who has not entered practice should be expected to furnish the bulk of the medical corps commissioned personnel seems hardly debatable. Thirty-four hundred entering the service each year, plus half of these men remaining in the Army for an additional year, will go a long way in furnishing doctors to meet the military needs. If the supply is cut off by drafting premedical and preclinical students, then truly will the situation become acute.

The Army medical authorities are fully aware of the trouble that will arise if there is not a constant and steady influx of trained young medical men into the service. They have, in conjunction with the selective service medical authorities, attempted to enroll all medical students in the organized reserve to hold them there until their school and intern training are completed; but the Adjutant-General of the United States Army has ruled that this is merely group exemption, a subterfuge to evade the law. It would seem possible, however, to allow *any* medical student (not the all-comprehensive *all* which legitimately might be considered as disobeying the law) to join the enlisted organized reserve, provided these students pledge themselves to join the commissioned reserve as soon as they are eligible. Thus all students would not be indirectly deferred, but only many of them. A certain number would not ask to be enrolled in the reserve because they know they could not qualify physically or because they would be willing to take their chances of being deferred from the draft for reason of dependents or for some other cause. Either some such procedure as suggested above, or else a change of the fundamental law by legislative action must be effected in order that the civilian population, the hospital services, the state and municipal public health services, and the military forces be not seriously, even dangerously, embarrassed by an inadequate number of trained physicians.

Two of several suggestions have been forcibly advanced to meet this emergency: one, that a larger number of students be admitted to the medical schools, and the other that the medical school curriculum be abbreviated. The gross fallacies of such concepts are obvious. Medical schools do not have the physical requisites to take on any great increment of students, nor do they have the faculties which have already been reduced in number by the calling out of many of their members. As to reducing the number of school hours, this would only result in turning loose on the unsuspecting people of this country a group of perilously inadequately trained men who will be licensed to do things which licensing boards nowadays will permit to be done only by those who have spent many hours in training in laboratories and wards.

The English appreciate the necessity of there being a steady flow of young doctors coming out of the medical schools. With many of their London

schools bombed out of existence, they still are training their prospective young doctors under the most appalling difficulties, training them even in small towns and cities away from the bombed metropolitan centers.

OTHER WAR PROBLEMS

To the public health authorities have been handed innumerable and difficult snarls to be unravelled. The sudden increase in the population of the small towns, and not much larger cities, which are the centers from which the new camps radiate, has resulted in difficulties in obtaining an ample and pure water supply, in disposing of sewage, in maintaining supervision over restaurants and food handlers, in getting pure milk, properly supervised, in controlling mosquitoes, in providing adequate housing, in supplying pure food, and in exercising sanitary control over venereal infections.

The military camps have efficiently controlled sanitary regulations and supervision, but a city of, say, 10,000 to 15,000 people which suddenly, almost overnight, doubles or triples its population as a result of an influx of camp followers, does not have the money nor the trained men to ensure the safe living that people expect and demand nowadays. Nor is it only the urban communities in the vicinity of military camps that are called upon to face these countless sanitary difficulties of the mass movement of population. The small and large industrial areas are face to face with water, sewage disposal and housing problems which definitely require for their solution the services of the physician trained in public health. Let us hope that in the future the all too few men skilled in public health work will not be called upon to treat in the wards of a base hospital the man sick with pneumonia, or he who is suffering with an acute appendicitis, rather keep these men where they are, so that better they can accomplish the most good.

INDUSTRIAL MEDICINE

If there is need of keeping in public health work the man trained in the mechanics of the enforcement of a sanitary code, equally important is it to see that the extremely few physicians who are acquainted with industrial medical problems be retained in their special line of work. I am not familiar, from first-hand knowledge, with industrial medicine, but I do know that with the tremendous growth of the needs and requirements of fabricated material for war there is, and will be a greater demand than in the past for physicians and engineers who know how to combat successfully industrial disease and the hazards of industry. This growth of industry, as a result of war, is almost incomprehensible. Just recently the head of a large Eastern shipbuilding concern told me that his company had contracted to build more tankers in one year than had been constructed by all the shipyards in this country in the past ten years.

MEDICAL PRACTICE

It should pass without comment that the practice of medicine has been revolutionized in the past fifty years. This has been a revolution not only in the science of the care of the sick, but in the me-

chanics of practice, made, possibly, by physical developments as far removed from one another as are x-ray machines and concrete roads. Professional changes are no greater than those which have taken place in the economic world or in the social structure. Chemic are the changes also. At the beginning of this century we were living in the age of inorganic chemistry, of iron, of steel, and of coal; now we exist in the age of organic chemistry, an era of plastics and of synthetics. In the field of public health the growth has been from a ten-acre field to a prairie. To make a first-hand comparison, in the State of Louisiana twenty years ago the Board of Health consisted of a few individuals plus a sanitary code. Now the personnel is composed of nearly 600 full-time doctors, dentists, engineers, nurses, statisticians, epidemiologists, sanitarians, nutritionalists, and I might add, without reflection on the present government of the state, even certified public accountants.

With this metamorphosis in our mode of life, it is only natural that there should have been an evolution in the practice of medicine. What further changes will evolve as a result of the preparations for war, or the development of actual war, it is impossible to say. The American Medical Association, the national representative body of organized medicine, is preparing to handle the disruption that may occur, with the coöperation of the state medical societies. They will need the unselfish help and the assistance of the individual practitioner of medicine. It will be extremely interesting to observe how far will be carried, and how long will they survive after peace has come, the various measures that will be put into effect during the emergency. Assuredly, there will be great changes in our economic, social, and professional life. The indigent will need medical services. With the growth of the taxation base there will be an ever-increasing increment to the ranks of the medically indigent, of people who formerly could afford to pay the doctor. These people must have medical service. There will be fewer wealthy people, because of the increase in the income surtaxes, able to pay the physician even moderately large fees. Sick insurance may have to be the answer—God grant that it will not be controlled by a horde of bureaucrats subsisting on the brain and skill of the physician; that it will not have political implications; and that it will not ruin the initiative of the doctor. Of the first two of these three hopes, I cannot predict, of the last I will. I do not think that the medical profession will lose its skill, its initiative, and its cheerful acceptance to duty. It is most refreshing to talk to the medical student of today. He realizes that the practice of medicine is different from what it was in his father's day. The profit motive, if ever it was of much importance, is now gone. He appreciates that his profession will give him security and the opportunity of doing good. He knows that it is the most fascinating profession in the world. His faith in the future is unbound. He believes that by hard work and intelligent labor he can make a success, and that the incentive to labor will yield tangible results in fame and reputation and professional standing, if

not in fortune. I wish that some of the pessimism of the practitioner of today might be leavened by the optimism of the practitioner of the future.

CONCLUSION

Modern war is a highly developed, industrialized project which calls upon most of the adult population to provide supplies and armament to the military forces. The health problems of the civilian populace loom large, even greater than the medical and surgical problems of the soldier. This fact must not be forgotten in the enthusiasm of supplying the combat forces with medical and nursing personnel, as well as providing the needed ancillary services in order that the soldier may have "the best."

1430 Tulane Avenue.

Hygeia Cites the Advances Made in Reducing Pregnancy Hazards.—More important than the elimination of much of the pain and discomfort formerly associated with pregnancy is the removal of many of the hazards of the event, as a result of increased knowledge of infection and its control, of the physical changes that take place in the human body and of medicine generally, *Hygeia, The Health Magazine*, says in an editorial in the May issue.

"The chief causes of death in childbirth and pregnancy are: first, infections; second, the intoxication which is called toxemia of pregnancy; third, hemorrhage and shock," the editorial continues. "The intensive research now being carried on in various parts of the country to control these specific factors should yield great dividends in lives saved in the years to come."

Hygeia points out that fundamental in lowering still further the possibility of death in childbirth is education. Dr. Nicholson J. Eastman of Johns Hopkins University has listed symptoms which give warning of hazards during the period before birth. These symptoms, which require immediate report to the physician, are: (1) bleeding of the organs involved in childbirth; (2) swelling of the face or fingers; (3) severe continuous headache; (4) dullness or blurring of vision; (5) pain in the abdomen; (6) persistent vomiting; (7) chills and fever; and (8) sudden escape of the fluid in which the child is carried.

"Whenever any of these signs or symptoms occur, the physician should be called immediately," the editorial warns. "Unquestionably, this in itself would save many a mother and many a child."

The desirability of having births take place in hospitals rather than in homes is emphasized. "There are many who still believe that it is safer for the baby to be born at home," the editorial declares. "Under proper conditions, this is undoubtedly true. However, the possibility of securing such proper conditions in the home is slight compared with the possibility of securing suitable conditions in the hospital."

"However, the fact that there were just slightly over 9,000 maternal deaths in more than 1,250,000 live births is an indication of the tremendous advance made by scientific medicine in this field."

The art of living well! Of living abundantly! Two are done quickly with life—the fool, and the dissolute. The one because he does not know how to keep it, and the other because he does not care. As virtue is its own reward, so is vice its own punishment; for he who lives too fast is quickly through, and in a double sense, while he who rests in virtue, never dies. For the life of the spirit becomes the life of the body, and the life lived well gathers unto itself not only fullness of days, but even length.—Baltazar Gracian, 1653.

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

HENRY S. ROGERS, M.D.....President
WILLIAM R. MOLONY, SR., M.D.....President-Elect
LOWELL S. GOIN, M.D.....Speaker
PHILIP K. GILMAN, M.D.....Council Chairman
GEORGE H. KRESS, M.D.....Sec'y-Treas. and Editor
JOHN HUNTON.....Executive Secretary

INDEX

1. *Minutes of the Thirty-Eighth Annual Session of the California Medical Association House of Delegates: Meeting of Monday, May 5, 1941, on page 310. Meetings of Wednesday, May 7, 1941, on page 318.*
2. *California Committee on Medical Preparedness, on page 345.*
3. *Committee on Public Policy and Legislation, on page 345.*
4. *Committee on Public Health Education, on page 346.*
5. *Committee on Public Relations, on page 346.*
6. *Committee on Scientific Work, on page 346.*
7. *County Societies, on page 347.*
8. *Woman's Auxiliary, on page 348.*
9. *California Physicians' Service, on page 349.*

HOUSE OF DELEGATES

Minutes of the Thirty-Eighth Annual Session of the House of Delegates of the California Medical Association

Held at Hotel Del Monte, Del Monte, California, Monday, May 5, and Wednesday, May 7, 1941

First Meeting, Monday Evening, May 5, 1941, in the Auditorium, Hotel Del Monte

The first meeting of the House of Delegates of the California Medical Association, in their seventieth annual session, held in the Hotel Del Monte, at Del Monte, California, was called to order at 8:30 p. m., Speaker Lowell S. Goin, presiding.

SPEAKER GOIN: The meeting will come to order. For the purpose of receiving the report of the Committee on Credentials, the Chair will recognize the chairman of that committee, Dr. Walter S. Cherry of San Bernardino.

DOCTOR CHERRY: Mr. Speaker. The Committee on Credentials reports that 101 delegates have registered at this time.

SPEAKER GOIN: You have heard the report of the Committee on Credentials. What will you do with it?

DOCTOR ANDERSON: I move it be accepted.

DOCTOR McCLENDON: I second it.

SPEAKER GOIN: Moved by Anderson, seconded by McCleendon, that the report of the Committee on Credentials be accepted. All those in favor say, "Aye." Those opposed, "No." Motion is carried and so ordered. The Chair will entertain a motion that the report of the Committee on Credentials be considered the roll call of the House for this its first meeting.

DOCTOR BENNETT: I move the report be accepted.

DOCTOR EMMONS: I second the motion.

SPEAKER GOIN: Moved by Bennett of Los Angeles, seconded by Emmons of San Bernardino, that the report of the Credentials Committee be accepted as the roll call of the House. All those in favor of the motion say, "Aye." Contrary, "No." Motion is carried and so ordered.

The By-Laws of the California Medical Association require the speaker to appoint four committees for the House—a Committee on Credentials, and three Reference Committees: a Committee on the Reports of Officers and Standing Committees, a Committee on the Report of the Council and of the Secretary-Treasurer, and a Committee on Resolutions and Amendments to the Constitution and By-Laws and New and Miscellaneous Business.

The Chair has appointed the following:

The Committee on Credentials:

Dr. Walter S. Cherry (chairman) of San Bernardino County.

Dr. Stanley R. Parkinson of Yuba Sutter counties.

Dr. Charles A. James of Fresno County.

Reference Committee No. 1, Committee on Reports of Officers and Standing Committees:

Dr. Frank J. Doughty of San Joaquin County.

Dr. E. S. Bennett of Los Angeles County.

Dr. J. S. Woolford of Humboldt County.

Reference Committee No. 2 on the Report of the Council and of the Secretary-Treasurer:

Dr. Frederick C. Bost (chairman) of San Francisco County.

Dr. John Hunt Shephard of Santa Clara County.

Dr. Ralph C. Leggo of Contra Costa County.

Reference Committee No. 3, Committee on Resolutions and Amendments to the Constitution and By-Laws and New and Miscellaneous Business:

Dr. John C. Ruddock (chairman) of Los Angeles County.

Dr. Robert S. Stone of San Francisco County.

Dr. Frank R. Makinson of Alameda County.

The Chair will entertain a motion to approve the appointment of these committees.

DOCTOR ALEXANDER: I so move.

DOCTOR ANDERSON: I second the motion.

SPEAKER GOIN: Moved by Alexander, seconded by Anderson. Any discussion? All in favor say, "Aye"; contrary—carried and so ordered.

Gentlemen, in making any motions, committee reports, or when taking part in discussions on the floor of the House of Delegates, will you please approach one of the microphones and state your name and preferably your county. The proceedings of the House are being recorded electrically. I know a great many of you, but the machine doesn't know anybody. Please get up and state your name clearly so that the transactions which must be transcribed from these records can be the proper transactions of the House. We will alter the order of business slightly and at this time will receive the Report of the Council. Doctor Gilman, chairman of the Council.

DOCTOR GILMAN: Mr. Speaker and Members of the House. The Annual Report of the Council, as published in the "Pre-Convention Bulletin," has been added to and I will read the following addenda.

† For complete roster of officers, see advertising pages 2, 4, and 6.

SPECIAL ASSESSMENT OF JUNE 1, 1939

The *First Addendum* to the Council Report concerns the *Special Assessment of June 1, 1939*.—In May, 1939, the House of Delegates created a Committee on Public Health Education, and directed the Council to levy on and collect from each and every member of the California Medical Association, as of June 1, 1939, a special assessment of \$10, payable on June 1, 1939. The Council immediately thereafter carried out the instructions of the House and on June 1 levied a special assessment of \$10 on every active member. Subsequent thereto, at its August 5, 1939, meeting, the Council after reconsideration and on legal interpretation of the Constitution and By-Laws resolved that the Constitution provided no loss of membership penalty clause for nonpayment of special assessments. The Council therefore appealed to the membership to pay the special assessment and a letter to that effect was forwarded to those members who had failed to pay. In the Council's report to the House of Delegates at its 1940 meeting, mention was made of the fact that 1,057 members had failed to pay the assessment, and that these non-payments were recorded in the financial records of such members as indebtedness due the Association without loss of membership rights or privileges. No action was taken by the House. Inasmuch as there is no constitutional or By-Law provision providing for automatic loss of membership for nonpayment of a special assessment, the assessment merely constitutes a legal indebtedness to the Association and can only be collected by legal action for an unpaid debt. The subcommittee to whom the Council has referred the matter of this special assessment has suggested that no legal action be taken to collect these unpaid assessments and that the matter be referred to the House of Delegates for its instructions with respect to the following possible courses of action: (1) Shall the records of the Association show opposite the name of each such member appropriate legend that such member failed to pay his special assessment?; or (2) Shall no further action of any kind be taken?; or (3) Shall further efforts be made under the direction of the Council to collect the special assessment?

The Council desires the instructions of the House of Delegates as to the foregoing possible courses of action.

HOSPITALIZATION SUBSIDIES

The *Second Addendum* to the Council Report concerns Resolution No. 2, entitled Legislation, Medical Service, Hospitalization, submitted by John Hunt Shephard of Santa Clara County at the Coronado meeting a year ago. This resolution was referred to the Council for study and recommendations. Your Council, to whom was referred Resolution No. 2, has carefully considered the very ingenious proposal embodied in this resolution. The Council feels that the purpose of the resolution, namely, to reduce the cost of hospitalization to the public, is an end greatly to be desired; but this particular resolution involves a course of action which would necessitate a change in the Constitution of the State of California for the reason that the Constitution at the present time forbids the use of public funds to aid any private enterprise. Political subdivisions of the State, such as counties, are at present by constitutional provision prohibited from making any gifts of public funds. In the case concerning the Kern County Hospital, this was held to apply to full-pay patients in the county hospitals. Municipal corporations (cities) are not prohibited from making such gifts and as a consequence municipal hospitals may undertake to furnish hospitalization to an entire community. If this problem is approached from the municipal point of view, it would probably obviate this particular legal difficulty; but to apply this principle to the State as a whole would require a constitutional amendment, which in turn would

necessitate a political campaign with large expenditures of money. The Council feels that in any such development of this plan careful thought and deliberation should be had on the question of whether or not such subsidization would not lead to political control of private hospitals and eventually the political domination of medical care. In addition to the above considerations, your Council wishes to direct attention to the following matters: First, corrective changes are now being made in the development of nonprofit hospitalization plans throughout the State. Second, California Physicians' Service is developing its plans for the care of low-income groups. Third, Federal subsidies for low-income groups have now begun through a group of Federal agencies, such as the Farm Security Administration, the National Youth Administration, and similar activities. Therefore, the Council recommends to the House that action upon this resolution be deferred at this time.

DUES OF MEMBERS IN MILITARY SERVICES

The *Third Addendum*, a Resolution Concerning the Waiver of Dues for Members in Active Service in the Armed Forces.

The Council has considered very seriously the hardship imposed upon some members of the Association, who have been called into military service, being required to pay full dues in order to retain membership during the period of such service. The Council is particularly concerned with those members who have been and those members who will be called into military service whose incomes will be materially reduced by such service. It has been felt that dues should be reduced or waived during the period of service. However, the Constitution of the Association requires that annual dues be equal and uniform with respect to all members. Therefore, neither the Council nor the House of Delegates can reduce or waive dues for members in military service without an amendment to the Constitution. The amendment has been prepared to this end and will be introduced by the chairman of the Council. The constitutional amendment cannot be acted upon for one year. Meanwhile, the problem is an immediate one. Therefore, the Council has adopted the following resolution and respectfully requests the House of Delegates to ratify and confirm it:

Resolved, That in connection with the payment of annual dues of this Association by any active member entering the armed forces of the United States the Council may direct the Secretary-Treasurer to pay the dues of such members for the year 1940 and the year 1941, or both, as the case may be, out of the general funds of the Association, said advance from the funds of the Association to be considered as a loan from the Association to each such member.

You will note that the foregoing resolution contemplates advances on behalf of such members and not an outright gift or waiver of dues. You will also note that the constitutional amendment to be introduced will, when enacted, be retroactive in effect, so that after the constitutional amendment has become a part of the Constitution, the House of Delegates may then waive in whole or in part the repayment of such advances of the members aforesaid. Those, Mr. Speaker, are the addenda to the Council's pre-convention report.

(Vice-Speaker Askey takes the chair.)

VICE-SPEAKER ASKEY: Members of the House. You have heard the report of the chairman of the Council. The main reports of the chairman of the Council and the Council report have been published and you have heard the addenda. The report of the chairman of the Council and the Council's report will be referred to Reference Com-

mittee No. 2. The Special Addenda Reports will also be referred to Committee No. 2, with the question of the last one, which entails, I believe, a by-law, will be referred to Committee No. 3, (waiver of dues, special addendum).

Now there is one request I would like to make of you gentlemen and ladies, if you will. There are late comers arriving at all times. I wish members of the House would step forward and sit in the front seats as much as you can, which will entail less distress and less interruption as the late comers come in. Will you please do that and help us out a little bit in that way. The delegates of this House, if they will please step forward and fill these seats first, we will appreciate it very much.

Members of the House, I have a distinct privilege, my first appearance before you as your vice-speaker to be allowed the pleasure of introducing to you for his presidential address, our good friend, the President of the California Medical Association, Dr. Harry Wilson. (Applause.)

PRESIDENT WILSON: At ease. I haven't any presidential address. I made a written report for the purpose of publication in CALIFORNIA AND WESTERN MEDICINE and there is only one item I would like to change therein. I made the specific recommendation to you that we try for a year the publication of CALIFORNIA AND WESTERN MEDICINE by contractual basis with the publisher. Since that time our office staff, under the direction of Mr. Hunton, to whom that duty was delegated, has brought in figures on costs, facilities and so on which have made me come to the conclusion that we might consider publishing CALIFORNIA AND WESTERN MEDICINE under our own direction and control, and probably not change the cost to the Association appreciably. So I would like to withdraw that recommendation in my message as printed in the "Pre-Convention Bulletin."

You heard my philosophy of life and, as Eric Larsen calls it, my monkey talk, this morning, I haven't anything to add to that. I could talk to you about those things which men should know or those things which women should know, but hardly as the presiding officer of your Association.

I wish to tell you that in the beginning I wasn't terribly impressed with the National Physicians Committee for Extension of Medical Service although I permitted my name to be used in connection with its California committee because I believed it was desirable that those of us whom we thought were thinking constructively should be a part of those things. But when Mr. Pratt addressed us this morning he quite changed my mind. He is a fine salesman, and he made a splendid address, I don't mean from the standpoint of elocution or oratory. I believe he has his feet on the ground and his ear to the undercurrent of things that are going. In other words, he said that medicine was as safe from regimentation as industry was. Well, I happen to be born in Missouri, so I feel we are very safe. And I would like for this House to hear Mr. Pratt. Unanimous consent will be required for this. It will be worth our time to listen to Mr. Pratt for 10 or 15 minutes this evening. I believe that you are charged with the responsibility of having a reasonably well grounded opinion as to just what the National Physicians Committee for Extension of Medical Service comprehends, in order that you can answer the questions that are brought to you.

If it is in order, Mr. Speaker, I would like to ask that you bring that question before the House as to whether the delegates wish to give consent to have Mr. Pratt to come in for whatever period of time the judgment of the House should indicate.

Incidentally, before I yield the microphone, and as I told the audience this morning, I have always been remiss in

expressing my appreciation to many people in the organization, and to Charles Dukes, particularly. There never was anybody endowed with more kindness and thoughtfulness and consideration for the other fellow than Charlie. . . . I thank you all for your support and your opposition, it's constructive, too, and I do make a request of the Speaker that we hear Mr. Pratt. Thank you all.

VICE-SPEAKER ASKEY: I realize that it was a very hard thing to ask Doctor Wilson to give two presidential addresses in one day. We will refer, however, his presidential address of this morning to special Reference Committee No. 1 for appropriate action.

Doctor Wilson has made a request of this body. The rules of order are that it requires the unanimous consent of the House to allow a person not a member to speak to this body. Is there unanimous consent to have Mr. Pratt speak to this body as requested by Doctor Wilson? How long? Fifteen minutes? Ten minutes? Is there objection to the House for hearing Mr. Pratt for ten minutes? Hearing no objection it is so ruled. Mr. Pratt, would you care to speak to our House of Delegates?

DOCTOR WILSON: Mr. Pratt is not here. I will have to go get him.

VICE-SPEAKER ASKEY: Doctor Wilson will be detailed to bring Mr. Pratt to the House. We will go ahead and take up the rest of the reports. We have report, first of the "Trustees Of The California Medical Association," Dr. Philip Gilman.

DOCTOR GILMAN: Mr. Speaker, the report was published in the "Pre-Convention Bulletin" and there is nothing to be added.

VICE-SPEAKER ASKEY: The report of the "Trustees Of The California Medical Association" will be referred to Reference Committee No. 1.

Report of the Auditing Committee, John W. Cline, Chairman. Is there a desire to make further report? Hearing no answer, this committee report was also published in our journal, and will be referred to Reference Committee No. 2.

The Report of the Secretary-Treasurer and Editor. No further report from the Secretary-Treasurer and Editor, it will be referred to Committee No. 2.

The Report of the Executive Secretary. No further report being heard, it will be referred to Committee No. 2.

Report of the Department of Public Relations. No further report, the report having been printed, it will be referred to Committee No. 1.

Report of the General Counsel, Mr. Hartley F. Peart.

MR. PEART: Members of the House of Delegates. I am just venturing to take a few minutes because we got a little supplement here. You will recall that about a year or so ago Kern County Medical Association disciplined some of its members. . . .

Now the Basic Science Initiative, as you know, has been completed and several weeks ago was submitted to the Attorney-General for the preparation by him of a title and a summary. Under the California Constitution no initiative may be circulated for signatures until the Attorney-General has passed upon it and has prepared a title and a summary of its contents. Last Friday we received the title and summary of its contents from the Attorney-General's office requesting our approval and presented it to the Council at its meeting last night. The title and summary limited by law to 100 words has been well prepared and stated. The initiative will shortly be returned ready for the next steps. The first step then to be taken is the printing of several thousand sections of the petitions, copies with spaces for signatures. It was arranged several months ago that the Committee on Public Health Education will undertake the printing of the initiative and with

the Public Health League its circulation for signatures thereafter. The actual printing will require several weeks, as it is vitally necessary to be careful that the petition contains everything required by the Constitution, and that it is identical to the master copy submitted to the Attorney-General. After the petition has been printed, the Committee on Public Health Education and the Public Health League will then arrange for circulation of copies throughout the State through the membership of the Association, Woman's Auxiliary and the dental profession and the members of the Public Health League. Instruction as to the obtaining of signatures, the actual signing with addresses and like detail will be formulated by the Committee on Public Health Education. Each of you will, within the next few months, receive from headquarters a copy of the petition together with a copy of the instructions to be followed by you in securing signatures. Please be sure to read and faithfully follow these instructions. Any variance from the procedure required by law may nullify all of your efforts. For example, the person getting signatures must be a registered voter of the county in which the signatures are obtained, and if you are circulating a petition you must personally secure all of the signatures, not your office nurse, nor your wife, nor your associate, because you must take an affidavit that you personally witnessed each signature. Likewise if your office nurse secured signatures on any copy of the petition, she must herself witness the signature of every person who signs that copy. It is believed that with the cooperation of the members of the foregoing groups, many thousands of dollars will be saved which otherwise would be spent in hiring a professional signature organization for this work.

I thought I would mention that some months ago the Los Angeles County Medical Association and the San Francisco County Medical Society and several individual members of the Association requested opinions on various aspects of sterilization. We drafted an opinion and in view of the continued requests we prepared a medical jurisprudence article on the subject, divided into two parts which were to appear in the April and May issues of CALIFORNIA AND WESTERN MEDICINE. Due to the necessity of printing the "Pre-Convention Bulletin," the first article could not appear in the April issue, but Doctor Kress informs me that the articles will appear in the next two numbers. . . . We are only interested in trying to ascertain what the law is. This alone is difficult enough. As Mr. Justice John Schenk of our Supreme Bench once well said, "The study of the law consisted of unsuccessful efforts to ascertain by the examination of inconclusive authorities the extent to which others have failed to determine what is the law." (Applause.)

VICE-SPEAKER ASKEY: You have heard the report of our Legal Counsel. The report will be referred to Reference Committee No. 1. At this time I will return the gavel over to your regular speaker.

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SPEAKER GOIN: The House of Delegates by unanimous consent extend the privilege of the floor to a nonmember, regretting only that it is necessary to limit him to ten minutes. The Chair is happy to present to you Mr. John Pratt, executive administrator of National Physicians Committee for the Extension of Medical Service. Mr. John Pratt!

MR. PRATT: Members of the House of Delegates of the California Medical Association. I want you to know that I am deeply appreciative of the courtesy extended, and, in this ten minutes, I think it might be well to go back to the one step beyond the trial of the American Medical Association in Washington on the basis of the tactics of the Department of Justice, in connection with these antitrust prosecutions. The prosecution of the American Medical Association is only one of a number that has been in-

stituted by the Department of Justice under the supervision of Thurman Arnold. I think it essential for the accomplishment of our purpose that we fully understand what the Department of Justice is trying to accomplish.

Speaking before the Economics Club of New York City in January, Mr. Arnold, in effect, said:

"The Department of Justice has been trying to enforce the antitrust laws in this country over a period of a great many years, and has reached the conclusion that it is useless to engage in civil suits. My tactics in this connection is that of hailing these men before a federal grand jury and, on the basis of our representation, securing criminal indictments. Once these indictments are secured, we are in a position to sit across the table from these men and say to them, frankly and coldly, 'We're going to put you in jail. You'll have to pay a fine besides, but you are now faced with the prospect of a penitentiary sentence.' And once we get them in that position, we are in a position to deal with them and we can say to them candidly, 'Now listen, if you will do this and this and this, and agree not to do this and this and this, we'll put it down on paper in the form of a stipulation and take it to the judge and get a decree of the court. And then, if we get such a decree, we will go to the judge and ask him to dismiss the case, and you fellows will not have to go to jail.'"

I want you men to understand this, that the practices concerned in the stipulations might or might not have been illegal. They might have been strictly in accordance with all legislative enactments, and the regulations asked for might have been super-legal. The point is, that under such circumstances, regardless of legality, once we had a decree of the court, that court superseded all legislation.

In other words, had it been possible for the Department of Justice to take first the automobile industry and then the steel industry, and then another, down through the structure of our whole economic and industrial structure, we would have been able to have dismissed all of our state legislatures and all of our congressmen and senators, and established control in this nation, by court decrees, that superseded legislative action.

I think it's essential that you understand that the American Medical Association suit that took nine weeks in Washington, D. C., was of this calibre. And whether or not there was any illegality in the operations of the American Medical Association and the District of Columbia Medical Society, an attempt was made to establish control of medicine in this country, regardless of any legislation or any laws. And it was done for the purpose of bringing American medical practice under political control. You men who were here this morning heard me talk briefly about what American medicine had done—and undoubtedly medicine has given the American people a more effective and more widely distributed medical service than has ever been known at any time in the world. But that didn't achieve the objective and during the last eight years in this country we have developed a new professional group with friends at court, powerful friends at court, that are interested in moving out from under the direct supervision of qualified medical practitioners the service that is to be rendered to the public. It is a perfectly legitimate thing from a political standpoint, but it would mean that, as far as the public is concerned, all of the effectiveness and all of the efficiency would in time be lost through all this bureaucratic control.

Frankly, in my opinion, it is essential that men of medicine consider first the public interest. On the basis of our 150 years' history it has been conclusively demonstrated that, while there are weak spots in our medical service, it has provided the best the world has ever known or imagined. And it is essential that we maintain the independence and the initiative of these independently operating physicians. Medicine is actually faced, not with an ordinary emergency, but with an actual crisis. We are at the point of actual decision, and it's now to be a political

decision. And, repeating, because there's nothing that I can say that's more effective, the statement that was made this morning. "*In the final analysis the public's opinion of the quality and effectiveness of medical service will become the deciding factor in the settlement of the problem.*" I don't know whether it's going to take six months or two years or five years to do this job, but during this period of time, whether it's six months or five years, medicine must assume the responsibility of taking the general public into its confidence and telling that public about the effectiveness and the achievements of our pattern of independent practice, if it is to be preserved, and if the independence of the individual practitioners is to be maintained.

I still have a minute and a half and I'm certainly not going to transgress. During the last two months it has been my very real privilege to meet with groups of physicians in Detroit, Toledo, Cleveland, Baltimore, Richmond, Atlanta, Birmingham, Memphis, Nashville, Cincinnati, Dayton and Columbus, and also in other cities. I never found more enthusiastic physicians anywhere than I found in Spokane, Seattle, and Portland. Two nights ago more than two hundred physicians, representing twenty-eight counties in the State of Oregon, met for dinner and sat there for three hours, discussing this problem. There's a way this should be done.

I hope before your House of Delegates adjourns that you may pass some kind of a resolution indicating that you are in favor of the aims and purposes and methods of the National Physicians Committee. I hope that you will set up a machinery for advising all of your county secretaries of this fact.

One more statement and I shall have finished. The House of Delegates of the State of Tennessee on April 8 passed a resolution instructing their counselors to assume responsibility for having every county association in the State of Tennessee appoint an active operating committee of the county medical society to cooperate with the National Physicians Committee for the Extension of Medical Service. If you can go so far at this time, I, of course, will be immensely pleased and so will the other men who have been instrumental in the progress of this institution in California. If you don't do it now, next year, or the year after—but truly, it is later than you think. It should be done now. I thank you. (Applause.)

SPEAKER GOIN: I think we're truly indebted to Mr. Pratt for this splendid address and I'm sure that I'm expressing the will of the House when, on behalf of the House, Mr. Pratt, I thank you for this very inspiring address.

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The next order of business is the reception of the *Reports of the Standing and Special Committees*.

The reports of all of the *Standing Committees* have been printed in the "Pre-Convention Bulletin." Does any chairman have anything that he wishes to add to his printed report? If he does not, the reports of the *Standing Committees* will be referred to Reference Committee No. 2, No. 1.

The reports of *Special Committees*:

The *Committee on Public Health Education*, Doctor Makinson, chairman. This report will then be referred to Committee No. 3.

The *Committee on Life Membership*, Doctor Peers. The report will be referred to Committee No. 3.

The *Committee on Needy Members*, Doctor Anderson.

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DOCTOR ANDERSON: Mr. Speaker, Members of the House of Delegates. A preliminary report of this committee was published in the "Pre-Convention Bulletin" with the promise that there would be a more detailed report at this time.

To the President and House of Delegates: Your committee has worked to complete the census of needy members, as required by the resolution of the 1940 House of Delegates, and efforts have been made to carry out the recommendations of the committee made at that time. A questionnaire letter about needy members was sent to all county medical society secretaries and a second request for information to those not responding. Reports were received from twenty-seven counties, covering the State's largest centers of population and a fair cross-section of the smaller counties. The reports indicated little change from last year's census. San Diego County reported one case on relief, Sonoma County, two, receiving old age pensions. Placer County had one doctor that may need help. Orange County inquired about assistance for one old, incapacitated member. Fresno County reported four cases that may need help soon. San Francisco County reported none found. No report was received from Alameda County. It seems possible that a more complete investigation of this area might have found some destitute members or dependents in wants. The Los Angeles Physicians' Aid Association, reporting for Los Angeles County as of February 15, 1941, stated that there were ninety-five cases of doctors, widows and children being aided. The remaining counties reporting state that no cases of want have been found. There are only nine cases of probable need of help reported in the State, other than the Los Angeles area. The obvious reason for this concentration of needy in the Los Angeles district is the influx of practitioners, incapacitated by illness and age, from other parts of the State and other parts of the country. . . .

All of the secretaries of the county societies have been reminded of their duty to report cases of need to the county organizations and ask for such local aid as can be provided, until there is a state fund accumulated. The Woman's Auxiliary has been enlisted to help raise money for the needy and the leaders have already contributed \$260, as a result of their activities, and some \$1,325 has been raised by the Los Angeles group and used locally. Forms for solicitation of gifts, and bequests have been prepared and submitted to the CALIFORNIA AND WESTERN MEDICINE for publication.

No action has yet been taken by the Council on the recommendation of an allocation of \$1 per member from the annual dues to be made for the fund for aid to needy members. The Pennsylvania State Benevolence Fund has been functioning since 1905. During the past twelve years the allotment for this fund has been \$1 for each member annually. The Illinois State Medical Society Committee on Medical Benevolence was organized in May of last year, and was voted \$5,000 as an immediate fund and an allocation of \$1 from the yearly dues of each member. Your committee will submit a resolution to the House of Delegates, requesting that the Council be instructed to make an allocation of \$1 from the annual dues of every active member, for this fund. Machinery and methods for investigating cases of beneficiary members, and means of safe-guarding the funds, and the proper distribution of aid can be readily devised. The experience of the Pennsylvania society and the later set-up of the Illinois organization will be helpful in working out this part of the program. Until we get our fund well under way, however, this activity may well be deferred. Our job at the present time is to get this fund started and growing as rapidly as possible. We need a member in every county society to keep the membership reminded of our duty to take care of our own and let some of our charity begin at home. Bequests, donations, memorial gifts, local benefit social functions, donations from grateful patients and friends of the profession should be promoted by individual members, and some member of each county society should be assigned the duty to help along such activities. The \$60,000 trust fund, which it is hoped to secure before any disbursements are

made, is an arbitrary figure and will probably be only a start in the right direction, since the Pennsylvania society, caring for only thirty-five beneficiaries and paying them approximately \$35 per month, found the income from their accumulated fund of \$173,000 inadequate. So until our fund grows to a large sum, it is possible that much of the aid to our needy must be supplied by our local societies, supplemented by the efforts of the Woman's Auxiliary. Our effort for some time to come must be to get the money for this fund. (Applause.)

SPEAKER GOIN: The report of Doctor Anderson's committee is referred to Reference Committee No. 3.

The next order of business is *Unfinished Business*.

There is before the House, pending from last year and now an order of business for the House, the adoption of certain *Amendments to the Constitution*, eight in number. Will the House have these amendments read? If not the Chair will refer all of the amendments to Reference Committee No. 3.

There will be, no doubt, there was previously, some dispute on the floor of the House of Delegates as to the power of the Reference Committees to make any alterations at all in the amendments pending. At the Pasadena meeting we had a good deal of trouble because it was argued that the Reference Committee had no business to change a jot or tittle of the proposed amendment and, indeed, that the amendment should not have been referred to a committee.

The Chair therefore rules that it is proper to refer the amendments to the committee, since the name of the committee is the Committee on Amendments to the Constitution and By-Laws, New and Miscellaneous Business, and, further, that in accordance with Robert's Rules of Order, under which this House functions, the Reference Committee has power to make minor changes in the amendments in the report to the House, provided that the modifications of the rule to amend is not exceeded. That means to say that if there were an amendment pending to change the dues from \$10 to \$5, the Reference Committee could change it to \$7, but not to \$4.90, because that would exceed the modification of the rule that is to be amended. So within those limits, that is, as long as the intent of the amendment is maintained and no material change is made, small changes proposed by the Reference Committee will not invalidate these amendments, and they'll be properly voted on by the House on Wednesday evening. All the amendments are referred to Reference Committee No. 3.

The next order of business is a reception of *Resolutions and New and Miscellaneous Business*.

SPEAKER GOIN: Doctor Gilman, chairman of the Council.

DOCTOR GILMAN: The Council desires to present to the House of Delegates the following resolutions:

A resolution regarding California Physicians' Service:

WHEREAS, Many of the problems that have arisen in the development, expansion, and administration of California Physicians' Service have been the subject of discussion by many interested members of the profession, these problems including details of fee schedule, income groups to which the Service should be available, certain contract provisions, extension of the Service in various areas of the state, nature and extent of routine physical examinations, inclusion of families; and

WHEREAS, The Board of Trustees of California Physicians' Service has requested the advice of the House of Delegates as a representative body through which crystallized opinion of the medical profession can best be expressed; and

WHEREAS, We find ourselves in a time of very rapid and profound changes in economic status and geographical concentration of great numbers of people, with changing wage levels, changing costs of living, new tax burdens, etc., and no one can tell how far or how rapidly these changes will go; and

WHEREAS, Under these conditions it would be unwise to tie the hands of those responsible for California's Physicians' Service; therefore, be it

Resolved, That the House of Delegates reaffirm its confidence in the conduct of the affairs of the California Physicians' Service and leave to the Board of Trustees and administrative members the details of its policy and administration.

(Applause.)

SPEAKER GOIN: The resolution is referred to Reference Committee No. 3.

DOCTOR GILMAN: *An amendment regarding new members who are elected during the last six months of a calendar year:*

Resolved, That Section 1 of Chapter 10 of the By-Laws of this Association, California Medical Association, is hereby amended by adding to said Section 1 a new subparagraph, designated as subparagraph (d), reading as follows:

(d) Dues of New Members, Amount Payable. All doctors of medicine becoming active members of this Association under the provisions of Section 1 of Chapter II of these By-Laws shall, as provided in said Section 1 of Chapter II, pay to this Association the annual dues payable by active members for the year in which membership is obtained, except that the Council may, in its discretion, with respect to all new members who acquire membership after July 1 in each year, only require payment of one-half of the annual dues for said year. Said payment of one-half of the annual dues shall entitle such new member to all of the rights of active membership in this Association until the end of the current calendar year.

SPEAKER GOIN: This amendment to the By-Laws does not need to hold over one year and is referred to Reference Committee No. 3, and will be acted on at the next meeting on Wednesday, May 7.

DOCTOR GILMAN: *An amendment regarding possible exemption of dues of members who enter the military service:*

Resolved, That Section 1 of Article XI of the Constitution of this Association, California Medical Association, is hereby amended by adding to the first paragraph of said section the following:

Annual dues may be reduced or waived with respect to those members serving in the armed forces of the United States during the whole or any part of the year, and the Council may in its discretion refund in whole or in part from the funds of the Association dues paid in 1940 or 1941 by, or on behalf of the active members, if such members were at the time actually in the service of the armed forces of the United States. So that said Section 1 of Article XI shall hereafter read as follows:

Section 1. Annual Assessment of Dues—Other Sources of Funds—Appropriations. Funds shall be raised by equal annual per capita assessment of dues from the active and associate members, assessment of dues upon the associate members to be one-half of that upon the active members. Annual dues may be reduced or waived with respect to those members serving in the armed forces of the United States during the whole or any part of the year, and the Council may in its discretion refund in whole or in part from the funds of the Association dues paid in 1940 or in 1941 by or on behalf of active members if such members were at the time actually in the service of the armed forces of the United States. The amount of the assessments shall be fixed by the House of Delegates by a majority vote of the members present and voting. Funds may also be raised by voluntary contributions, through bequests, legacies, devices, and gifts, and from the Association's publications, by special assessments, and in any other manner approved by the House of Delegates. Any resolution passed and adopted by the House of Delegates at any regular or special session thereof, which provides for or contemplates the appropriation or expenditures of the sum of more than \$1,000, shall not be effective for any purpose unless and until approved by the Council. All appropriations, regardless of amount, approved and made by the Council, shall, if expended, be reported to the House of Delegates at its next annual session, and any unexpended portion of any thereof shall be included in the annual budget.

SPEAKER GOIN: This is an amendment to the Constitution, that, in compliance with the provisions of the Constitution, will hold over as an order of business for next year. It cannot be acted upon at this session.

Have any members any resolutions to introduce?

DOCTOR ALEXANDER: I am directed by the Alameda County Medical Association to present the following resolution, which does not necessarily reflect the opinions of the delegation as a whole:

WHEREAS, Definite objections to and criticisms of certain features in the present set-up and functioning of California Physicians' Service are held by a goodly number of members of the California Medical Association; and

WHEREAS, It is to the advantage and to the best interests of the Board of Trustees of California Physicians' Service to be advised of the current opinions held amongst members of the California Medical Association with regard to California Physicians' Service; and

WHEREAS, The successful functioning and welfare of California Physicians' Service are of major importance to the members of the California Medical Association and to the beneficiary members of California Physicians' Service and to the professional members who serve them; and

WHEREAS, It is to the interest of the members of the California Medical Association to be currently advised as to the problems of California Physicians' Service and as to proposed or actual changes in its policy or in its operation; therefore, be it

Resolved, That the House of Delegates give consideration to and take action on the appointment of committees to be known as coordinating committees from the various councilor or other designated areas of the California Medical Association to confer with, upon appropriate occasions, the Board of Trustees of the California Physicians' Service, the size of these committees and the manner of their appointment shall be suggested by the Reference Committee of the House of Delegates. The functions of these committees shall be to confer with the Board of Trustees of the California Physicians' Service for the purpose of bringing to their attention the various reactions to the plan from the respective committee's areas, and to offer such assistance as may be useful to or necessary for the furtherance of the plan as it stands, or to afford such suggestions as may be considered pertinent to the modification of the plan to make more workable.

SPEAKER GOIN: The resolution is referred to Reference Committee No. 3. Doctor Anderson.

DOCTOR ANDERSON: *Resolution concerning special fund for aid to needy members:*

WHEREAS, The By-Laws of this Association, California Medical Association, were amended by the House of Delegates on May 8, 1940, by adding Section 23 to Chapter V of said By-Laws, providing for a committee on aid to needy members, and providing a special fund for said committee; and

WHEREAS, Under said Section 23 of Chapter V, the Council may allocate funds from the general fund of this Association to the special fund for aid to needy members; and

WHEREAS, This House of Delegates of the California Medical Association earnestly desires that the Committee on Aid to Needy Members be provided with the necessary funds; now, therefore be it

Resolved, That the Council is hereby requested and instructed to transfer from the general funds of the Association to the special fund for aid to needy members a sum equal to one dollar for each and every active member of the Association; and be it further

Resolved, That the Council is hereby requested to carry out provisions of this resolution at as early a date as possible, so that the Committee on Aid to Needy Members may have an existing fund with which to carry out its functions and duties.

SPEAKER GOIN: This is an amendment to the By-Laws, Doctor Anderson?

DOCTOR ANDERSON: To the By-Laws.

SPEAKER GOIN: Referred to Reference Committee No. 3. Doctor Barnard.

DOCTOR BARNARD: On behalf of the Alameda County delegation, I wish to present the following resolution:

Resolution Concerning Fee Schedule of Industrial Accident Commission

WHEREAS, The rising costs of medical practice is placing an unjust burden on the physician, whose fees are fixed, as in industrial accident cases; and

WHEREAS, The present basic fee schedule employed by the Industrial Accident Commission of the State of California has, except for minor modifications, remained unchanged since its adoption in 1913, and all the factors in living have risen considerably; and

WHEREAS, The California fee schedule is lower than that of comparable states; therefore, be it

Resolved, That the President of this Association appoint a committee of three members to appear before the Industrial Accident Commission at an early date and request a revision in the fee schedule to fit the requirements of present-day medical practice.

SPEAKER GOIN: The resolution is referred to Reference Committee No. 3. Doctor Stone.

DOCTOR STONE: Mr. Speaker, on behalf of the San Francisco delegation, I am presenting the following two resolutions:

First, a resolution regarding medical relations under workmen's compensation:

WHEREAS, There are now before the Legislature two measures, A. B. 1760 and S. B. 644, to forbid insurance companies to contract with doctors for medical care of injured workers on a basis of a percentage of the gross premiums, or a percentage of the employer's pay roll, these bills specify that contracts for furnishing medical services must not contain fixed charges below those set as reasonable by the Industrial Accident Commission, and declare it unlawful to rebate to any employer or insurance carrier money received for medical services; and

WHEREAS, These bills recommend rules of conduct and ethics which the medical profession has always upheld; now, therefore be it

Resolved, That the House of Delegates approves the substance of these measures and recommends their passage at the present session of the Legislature.

SPEAKER GOIN: Referred to Reference Committee No. 3.

DOCTOR STONE: Second resolution:

WHEREAS, The present national emergency is calling more and more practicing physicians and surgeons away from their practices to join the armed forces; and

WHEREAS, Numerous young physicians and surgeons who have never practiced are going directly into the armed forces; and

WHEREAS, The nature of private practice of medicine and surgery is such that the demobilized members of the profession are not given the same assurance of security on their return to civil life as either employed citizens or those members who are not called into the armed service but remain in practice; therefore be it

Resolved, That the Council of the California Medical Association immediately study plans for special means to aid in rehabilitating demobilized members of the medical profession in the State of California.

SPEAKER GOIN: Referred to Reference Committee No. 3. Doctor Ayers.

DOCTOR AYERS: Mr. Chairman and Members of the House of Delegates. I have a resolution which was approved by the Council of the Los Angeles Medical Association and I'm introducing it on behalf of the Legislative Committee:

Resolution Concerning Compensation for Selective Service Act Examiners

WHEREAS, The great majority of citizens engaged in national defense activities are compensated by the Federal Government for their time and efforts; and

WHEREAS, Physicians who have examined prospective service men for the various draft boards are required to spend a considerable amount of time for which they receive no compensation, resulting in a hardship for those who volunteer for this type of work; therefore be it

Resolved, That the House of Delegates of the California Medical Association instruct its delegates to the American Medical Association to introduce a resolution in the House of Delegates at the forthcoming convention of the American Medical Association, proposing to the Federal Government that physicians serving as examiners for draft boards receive compensation for such work.

(Applause.)

I have another resolution which was approved at the caucus of the delegates representing the southern counties:

Resolution Concerning Scientific Exhibits of the American Medical Association

WHEREAS, The California Medical Association, recognizing the need of acquainting the general public with the problems of health and sound principles of medical practice, established a policy of public health education; and

WHEREAS, Scientific exhibits constitute an effective means of acquainting the public with health problems, as evidenced by the great public interest in the week-long health defense exhibit in the Shrine Auditorium, sponsored by the Los Angeles County Medical Association; and

WHEREAS, Such material is easily available at the time in each city in which the American Medical Association meeting is held, and public interest has already been aroused by favorable newspaper publicity in relation to said convention; therefore be it

Resolved, That the House of Delegates of the California Medical Association instruct the delegates to the American Medical Association to introduce into the House of Delegates of the American Medical Association a resolution calling for the establishment of a health exhibit for the public in the various cities in which the annual convention of the American Medical Association is held, during the week immediately following the convention, and utilizing such materials from the scientific exhibit, to which other material might be added which would be of interest to the general public.

(Applause.)

SPEAKER GOIN : Referred to Reference Committee No. 3. Doctor Shephard, from San Jose, Santa Clara.

DOCTOR SHEPHARD : On account of the fact that the report on Resolution No. 2 of last year was not printed in the "Pre-Convention Bulletin," and not knowing the report of the Council on that, I'm in no position to prepare a resolution along the same line for introduction this year. If it is not out of order, I would like to ask the privilege of introducing a resolution by title only and submitting the three copies as required by the By-Laws to the committee tomorrow morning.

SPEAKER GOIN : Does the Chair hear any objection to this?

UNIDENTIFIED VOICE : What is the title?

DOCTOR SHEPHARD : *Hospitalization Subsidy*.

SPEAKER GOIN : You will recall that last year Doctor Shephard introduced a resolution which dealt with the establishment of a hospital subsidy similar to the one which has been operating in Palo Alto successfully. The chairman of the Council reported to you concerning it this evening, but, as he says, it was not published. It seems to the Chair that it was manifestly fair to allow Doctor Shephard to introduce such a resolution by title, referring it to the Reference Committee for debate on Wednesday. Is there any objection? Hearing none, you may do so, Doctor Shephard.

DOCTOR SHEPHARD : Thank you.

UNIDENTIFIED VOICE : What Reference Committee will hear that?

SPEAKER GOIN : No. 3. Doctor Bailey.

DOCTOR BAILEY : I have been instructed as secretary of the Radiological Section of Los Angeles County Society to submit this *resolution regarding practice and positions of physicians called to military service*:

WHEREAS, The national emergency requires the services of many physicians who have been holding hospital and other staff positions; and

WHEREAS, It is the desire of their colleagues and all other patriotic citizens to see that the practices and positions of such men are maintained until they return, in so far as is practicable; therefore be it

Resolved, That the Council and House of Delegates of the California Medical Association take all reasonable steps to assist colleagues called to duty, to see that the practices of these colleagues are protected as far as possible either by arranging for consultative service under conditions whereby the identity of the absent physician's practice is maintained or by seeing that competent assistants are appointed; and be it further

Resolved, That the Council and the House of Delegates of the California Medical Association request the Hospital Associations of California to recommend to their component units that suitable resolutions be adopted, the purpose of which shall be that the maintenance of the staff or other appointments of the local physicians should be

assured until their return in good health from military service; and be it further

Resolved, That physicians working in hospitals called to duty shall, if possible, be given the opportunity to select their substitutes, the appointment of whom shall be subject to the approval of the hospital staff.

SPEAKER GOIN : Referred to Reference Committee No. 3. Further resolutions. Doctor Garland, of San Francisco.

DOCTOR GARLAND : Mr. Speaker, we have two additional resolutions from the San Francisco delegation:

Resolution Concerning Fee Schedule for Medical Services

WHEREAS, There is a minimum cost to providing medical services; and

WHEREAS, Many organizations in the State of California are arranging with physicians to care for their members below this figure; therefore be it

Resolved, That the Council of the California Medical Association investigate these costs and establish a minimum schedule below which members of such organizations may not be cared for by members of this Association on a capitation basis.

SPEAKER GOIN : Referred to Reference Committee No. 3.

DOCTOR GARLAND :

Resolution Concerning Water Pollution

WHEREAS, Certain tidal and littoral waters of California are polluted by sewage from large and small municipalities; and

WHEREAS, The bacterial content of this sewage is a public nuisance and endangers the public health; and

WHEREAS, The recent mobilization has caused large dumps of sewage and refuse to be added to this mass of infected and dangerous debris; therefore be it

Resolved, That the California Medical Association support the California State Board of Health in abating, controlling, and suppressing this nuisance.

SPEAKER GOIN : Referred to Reference Committee No. 3.

DOCTOR GARLAND : Lastly, I have a resolution, Mr. Speaker, which I should like to offer you as an individual member of this Association. *Resolution regarding Hospitalization Insurance*:

WHEREAS, The House of Delegates of the California Medical Association has consistently approved hospitalization insurance and has approved the inclusion of medical services in it, and said House has repeatedly insisted that diagnostic medical services are part of the practice of medicine, and has been upheld in this contention by the House of Delegates of the American Medical Association; and

WHEREAS, Certain hospital insurance associations in California are not complying with the spirit of these regulations, despite their having secured the approval of the Council of the California Medical Association by agreeing to provide straight hospitalization alone; now, therefore be it

Resolved, That the House of Delegates instruct the Council to withdraw approval of those hospitalization associations which persist in violating these regulations.

SPEAKER GOIN : Referred to Reference Committee No. 3.

Any further resolutions? The Chair will ask Doctor Shephard to produce his resolution which he presented by title to the No. 3 Committee tomorrow in triplicate, even though it's introduced officially Wednesday night. Are there any further resolutions? Is there any new business to come before the House?

Reference Committee No. 3 will meet tomorrow at what time? Doctor Ruddock?

DOCTOR RUDDOCK : It will meet tomorrow afternoon at 1:30 p. m., mezzanine floor of this hotel. We will proceed on until our business is completed. I would like to make an announcement at this time that I'd like to have everyone who is a proponent for a resolution, everyone who is against a resolution, to present themselves promptly before these committees, so that we can be expedited in our work. We have a large calendar ahead of us, as you have heard the Speaker say, "Pass that on to Committee No. 3." We

are Committee No. 3, as it has been called. Present yourselves, so that we can have the discussions in full before this committee.

SPEAKER GOIN: Committee No. 3, then, will meet at 1:30 tomorrow, on the mezzanine floor of the hotel behind screens, which you will see to your left around the corridor, as you come from the elevator, immediately in front of the room marked, "Council, Board of Directors Room."

Committee No. 1 will meet at 10 a. m. in Room 610.

Committee No. 2 will meet in Room 460 at 10 a. m.

Now each year the Speaker announces every delegate and member who is interested in any one of these proposals not only has the right, but has the positive duty and obligation to appear before the proper committee to debate the measure in which he is interested, to argue for or against its adoption. But every year, the day following this meeting, at least a hundred people ask whether or not it's all right for them to go to one of these committees. If you're interested in any measure that's been brought up tonight, please go to the appropriate committee tomorrow, or preferably by making an appointment; at least with the No. 3 Committee, which is going to have a tremendous agenda. But in any case, go and say your piece.

There will be a breakfast of the past presidents of the Association on Tuesday morning at 7:45 in private dining room—which private dining room, Doctor Kress? The private dining room off the main dining room. That's awful early for the past presidents—7:45.

The Chair will entertain a motion to approve the minutes of the House.

DOCTOR STONE: I so move.

DOCTOR LARSON: I second the motion.

SPEAKER GOIN: Moved by Stone, seconded by Larson, that the minutes of the House be approved. All in favor say "Aye"; contrary, "No." The motion is carried.

The motion to adjourn until Wednesday at 5 p. m. is in order. Doctor Peers wishes to make an announcement on behalf of the Medical Society of the State of California. Doctor Peers.

DOCTOR PEERS: The members of the Medical Society of the State of California, which is the organization having to do with medical defense, will meet in the small dining room off the main dining room tomorrow afternoon at 4:15 o'clock.

SPEAKER GOIN: Before we adjourn—gentlemen, please remember that the entertainment of the motion to adjourn is not equivalent to adjournment—before we adjourn, the House will meet in this room at 5 o'clock on Wednesday afternoon. It is a fixed intention of the House to commence to transact business the moment a quorum is present. Please come promptly at 5 o'clock, so we can get away in time for dinner. The Chair will now entertain a motion to adjourn.

Moved by Larson, seconded by Stone, that the House adjourn until 5 o'clock on Wednesday. All in favor say "Aye." Carried.

LOWELL S. GOIN, *Speaker*.

GEORGE H. KRESS, *Secretary*.

Attest: HARRY H. WILSON, *President*.

* * *

Second Meeting: Part I

May 7, 1941, at 5:00 p. m. in Auditorium:
Hotel Del Monte

SPEAKER GOIN: The meeting will please come to order. The Chair will recognize Dr. Walter S. Cherry of San Bernardino.

DOCTOR CHERRY: Mr. Speaker, your Committee on Credentials reports 115 delegates registered, constituting a quorum.

SPEAKER GOIN: Do I hear a motion to approve the Credentials Committee's report?

DOCTOR McCLENDON: I so move.

DOCTOR LARSON: I second the motion.

SPEAKER GOIN: Moved by McCleendon, seconded by Larson. All in favor say "Aye," opposed—the motion is carried. The Secretary will call the roll of the House.

SECRETARY KRESS: (The roll call of the House was completed by Doctor Kress.) Mr. Speaker. A quorum is present.

SPEAKER GOIN: A quorum being present, and the provisions of the Constitution being complied with, the House is declared duly constituted and open for the transaction of business.

UNIDENTIFIED VOICE: Mr. Speaker, the Los Angeles delegation wishes to seat three more delegates at this time.

SPEAKER GOIN: How many vacancies have you? Fourteen? You may seat them.

UNIDENTIFIED VOICE: O'Neil, Benbow Thompson, Ralph Brumm.

SPEAKER GOIN: They're seated. Will the chairman of the Los Angeles delegation bring the list of the substitutions up to the Secretary? The Secretary will now announce the place of the next annual meeting. Doctor Kress.

Place of 1942 Annual Session: Hotel Del Monte

SECRETARY KRESS: Mr. Speaker and members of the House of Delegates. The Council has selected Hotel Del Monte, at Del Monte, as the annual session meeting place for 1942. (Applause.)

SPEAKER GOIN: The Chair now wishes to call on the President to perform a pleasant duty. Doctor Wilson.

DOCTOR WILSON: Mr. Speaker, ladies, and gentlemen. At this table, over on our left, is one of our new friends. And he became one of our friends in compliance with the request of your organization, by a committee of three representatives of the Council, who were designated to select an individual to fulfill certain duties to be provided for him by your Council, in helping carry out the functions and activities of the California Medical Association. Your committee was Doctor Gilman, the President-Elect, Doctor Rogers, and myself. We have reported rather fully, in the Council and the officers' reports, the activities of the Committee and the individuals who were concerned in it. Doctor Kress, our Secretary-Treasurer and Editor, a long, long proven friend, will occupy the offices that he has formerly fulfilled, and I know that all of you will feel free, as you have in the past, to call upon him for assistance and guidance and help in the problems that confront each of you as members of the California Medical Association, whether as individuals or as committee members. (Applause.) It is gratifying to hear the appreciation of Doctor Kress, personally gratifying, and, I know, gratifying to all of us who are his friends. In the office, too, is Mr. John Hunton, and I won't go into his antecedents or his previous experience, but you will find him a gentleman. He is efficient, he's ethical, and he's untiring. I would like the privilege tonight of introducing John to each and all of you as an additional friend and representative in the office, who will fulfill within his designated duties the same things and the same attitude that you would look for in your representative. John, will you be acquainted with your House. (Applause.)

Election of Officers

SPEAKER GOIN: Thank you, Doctor Wilson. The next order of business is the election of officers, and the Chair will now entertain nominations for the office of president-elect. The Chair recognizes Dr. Thomas Chalmers Myers of Los Angeles.

PRESIDENT-ELECT

DOCTOR MYERS: Mr. Speaker, members of the Convention, the duty that has been selected for me is a very pleasant one. I went to school with Bill Molony when we didn't have money to ride on the street cars and we walked back and forth. There's no way in the world where you can get to learn to know a man better than when you walk with him up and down the street. And I think that I know Bill Molony. He's a very prolific gentleman. He has two sons who are practicing medicine. They stay at home now and do much of the work. He was graduated from the old College of Medicine of the University of Southern California. He is a past president of the Los Angeles County Medical Association, and that's some honor down our way. For the past ten years he's been a member of the House of Delegates of the American Medical Association, where he has served on many committees, and always with credit. For twenty-seven years, gentlemen, he has been a member of the State Board of Medical Examiners and served for some years as its president. Many of you know how onerous is the work of that important Board. Gentlemen, you couldn't have a better man for your president, and I hope, I know, that he'll be the best president you've ever had. I thank you. (Applause.)

SPEAKER GOIN: Doctor Larson of Los Angeles.

DOCTOR LARSON: Mr. Speaker, delegates to this Convention, there are three principles by which we get along as neighbors and friends, and by which we get along as a democracy. They are: law, equality, and justice. And if you'll reflect upon those three principles, you will see that they are the things we expect, they are the things that we are willing to give. The man who has been nominated as president-elect for the California Medical Association has for twenty-seven years enunciated and practiced these three principles. With the troubles that we are having nationally in all matters of law and one thing or another, we need to choose men of dignity and men that have the respect of their colleagues and have the ability to serve. We have to look for a man who can serve with Doctor Wilson and the other presidents who have gone before him, and willing to take up the cudgel and do the fighting for us when some of us are going to war. Our nominee for president-elect has shown me during the time that I have known him, which is ten years, fairness and high character. He has the industry, he has the fairness, to do his job. I heartily endorse or second the nomination of Doctor Molony for president. (Applause.)

DOCTOR SHEPARD: It gives me great pleasure, on behalf of the Santa Clara delegation, to second the nomination of Bill Molony.

SPEAKER GOIN: Doctor Adams.

DOCTOR ADAMS: Mr. Speaker, on behalf of what my friend, Doctor Roblee, like to all a "cow county," I want to second this nomination.

SPEAKER GOIN: Doctor Walker.

DOCTOR WALKER: For the members of the House of Delegates from the interior of the state, I think I can say that we echo all that has been said of Doctor Molony. We know of his untiring work and of his ability. We heartily second his nomination.

SPEAKER GOIN: Doctor Eusden.

DOCTOR EUSDEN: The story has been told. But, particularly in behalf of the Harbor Branch of the Los Angeles County Medical Association, we would like to pay tribute to the nomination of Bill Molony. We know that he not only will grace the office, but if elected it will come to him well-earned and deserved. We second the nomination.

SPEAKER GOIN: Doctor Molony of Los Angeles has been nominated for president-elect. Are there any further nominations? If there are no further nominations, they will be closed. Hearing none, the Chair declares the nominations closed. How will you vote?

UNIDENTIFIED VOICE: By acclamation.

SPEAKER GOIN: The Chair is not so sure that we can legally elect the president-elect by acclamation. You may direct the Secretary now to cast your ballot, if you like.

DOCTOR SHEPARD: I move the Secretary be instructed to cast a white ballot for Bill Molony for president-elect of the California Medical Association.

DOCTOR POWELL: I second the motion.

SPEAKER GOIN: Moved by Doctor Shephard, seconded by Doctor Powell, that the Secretary cast the ballot of the House. All in favor say "Aye"; contrary, "No." Carried.

SECRETARY KRESS: Mr. Speaker. The Secretary has so cast.

(Vice-Speaker Askey takes the chair.)

VICE-SPEAKER ASKEY: Doctor Molony is elected. (Much applause.)

The next office for which nominations are in order is for election of the speaker of your House. I will entertain nominations for that office.

SPEAKER

DOCTOR AYRES: Mr. Chairman.

VICE-SPEAKER ASKEY: Doctor Ayres.

DOCTOR AYRES: Mr. Chairman and members of the House of Delegates. Those of you who have attended previous conventions of the California Medical Association have become very familiar, I think, with the ability, the dignity, and the efficiency with which these meetings are conducted. Those of you, also, who are here for the first time have had ample opportunity to learn of these qualities from the man that I propose to nominate for speaker of the House of Delegates, Dr. Lowell Goin. (Prolonged applause.)

VICE-SPEAKER ASKEY: Doctor Stone.

DOCTOR STONE: I'm not given to speeches, but I second everything that has been said about the efficient way in which these meetings have been conducted, and therefore second the nomination of Doctor Goin for speaker of the House. (Applause.)

VICE-SPEAKER ASKEY: Doctor Doughty.

DOCTOR DOUGHTY: Mr. Speaker, I move the nominations be closed.

VICE-SPEAKER ASKEY: A motion of that character is out of order, because members have the right to make any nomination they desire. Are there further nominations for the office of speaker of this House? Hearing none, I declare the nominations closed. How will you vote?

DOCTOR DOUGHTY: I move the Secretary be instructed to cast the ballot of the House for Dr. Lowell Goin for speaker of the House of Delegates.

VICE-SPEAKER ASKEY: Second?

UNIDENTIFIED VOICE: Seconded.

VICE-SPEAKER ASKEY: The question is pressed. All in favor say "Aye"; opposed, "No." Motion is carried. The Secretary is so instructed.

SECRETARY KRESS: Mr. Speaker, the Secretary has so cast.

VICE-SPEAKER ASKEY: Doctor Goin is elected speaker of this House.

(Speaker Goin takes the chair.)

VICE-SPEAKER

SPEAKER GOIN: Nominations are now in order for the office of vice-speaker. Doctor Bennett, Los Angeles.

DOCTOR BENNETT: Mr. Speaker, members of the House of Delegates. I should like to recommend the election of Dr. E. Vincent Askey as vice-speaker of the House of Delegates. As most of you know, he is not only an able parliamentarian, but he is an outstanding physician and an outstanding public servant, because of his many years of excellent service on the Los Angeles Board of Education. I hope that Doctor Askey will be reelected. (Applause.)

SPEAKER GOIN: Doctor Askey is nominated. Doctor Garland of San Francisco.

DOCTOR GARLAND: Mr. Speaker, I would like to second the nomination of Doctor Askey.

SPEAKER GOIN: Any further nominations? If there are none, the Chair will declare the nominations closed. Hearing none, they are declared closed. How will you vote?

DOCTOR BENNETT: Mr. Speaker, I move the Secretary cast a vote.

DOCTOR STONE: I second.

SPEAKER GOIN: Moved by Bennett, seconded by Stone, that the Secretary cast a ballot of the House. All in favor say "Aye"; contrary, "No." Carried, and so ordered.

SECRETARY KRESS: Mr. Speaker. The Secretary has so cast.

SPEAKER GOIN: Doctor Askey is declared elected vice-speaker. (Applause.)

VICE-SPEAKER ASKEY: I need hardly tell you, ladies and gentlemen, that I appreciate this more than I can say.

* * *

DISTRICT COUNCILORS

SPEAKER GOIN: The other officers to be elected at this time are, first, councilors.

The First District incumbent is Calvert L. Emmons of Ontario, term expiring. I will entertain nominations for councilor to replace Doctor Emmons in this position. Doctor Adams.

(Vice-Speaker Askey takes the chair.)

DOCTOR ADAMS: Mr. Speaker, for a number of years our First State District has been very ably represented on the Council by the incumbent, whose term is now expiring, Dr. Calvert L. Emmons of Ontario. Pursuant to the instructions in the by-laws, as amended last June, a meeting of the delegates of the First District occurred on May 11 at Laguna. The delegates there assembled, delegates of the First District, unanimously chose Dr. Calvert L. Emmons to succeed himself, particularly on account of the very faithful service that he has given the District for the past several years. I have great pleasure, Mr. Speaker, in placing in nomination for councilor for the First District, Dr. Calvert Emmons.

VICE-SPEAKER ASKEY: Nomination of Dr. Calvert L. Emmons is before you. Are there further nominations? Doctor Cherry.

DOCTOR CHERRY: I'd like to second this nomination.

VICE-SPEAKER ASKEY: Doctor Emmons' nomination is seconded. Are there further seconds or further nominations?

DOCTOR McCLENDON: On behalf of Orange County, I'd like to second the nomination.

VICE-SPEAKER ASKEY: Are there further seconds or further nominations for this office? Hearing none, I declare the nominations closed. How will you vote?

DOCTOR STONE: I move that the Secretary cast the ballot of the House for Dr. Calvert L. Emmons.

VICE-SPEAKER ASKEY: There is a motion that the Secretary cast a ballot for Doctor Emmons. Is there a second to this motion?

DOCTOR GARLAND: Second the motion.

VICE-SPEAKER ASKEY: Motion seconded. All in favor say "Aye"; opposed, "No." Secretary is so instructed.

SECRETARY KRESS: Mr. Speaker. The Secretary has so cast.

VICE-SPEAKER ASKEY: Doctor Emmons is declared elected as councilor for the First District. (Applause.)

The next district is the Fourth District, incumbent being Axel E. Anderson, term expiring. Nominations are in order for this councilorship. Doctor Walker.

DOCTOR WALKER: Pursuant to the By-Laws, the delegates of the Fourth District wish to place in nomination to succeed himself, Dr. Axel E. Anderson. These votes

have been sent in by mail and he has been unanimously nominated by the delegates. We recommend the nomination of Doctor Anderson because he has given untiring service, and we hope that you will accept our recommendation.

UNIDENTIFIED VOICE: Mr. Chairman, I rise to a point of order.

VICE-SPEAKER ASKEY: State your point.

UNIDENTIFIED VOICE: Haven't the by-laws been changed so that only officers of the House can accept or reject the nominees of the caucus?

VICE-SPEAKER ASKEY: I'll have to ask for help on that.

SECRETARY KRESS: The By-Laws state:

Before the time set for the election of district councilors, the delegation of each Councilor District in which councilorship is about to be completed shall submit to the Secretary-Treasurer the name or names of one or more nominees to fill the said vacancies. The Secretary-Treasurer shall transmit the names of such nominee or nominees so submitted to him to the House of Delegates on or before the time set for the election. Action shall be taken by the House of Delegates upon the nominee or nominees so submitted. In the event that only one nominee has been submitted, the House of Delegates may, by a majority vote, either elect or refuse to elect the said nominee. If the House of Delegates shall reject the nominee of the delegates of the Councilor District concerned, then the said delegates must immediately elect or submit an additional nominee or nominees, and the House shall proceed to vote thereon. If there is but one nominee, the House may elect or reject him. If, after such time as the Speaker may allow, the delegates of such Councilor District fail to submit an additional nominee or nominees, the House of Delegates may then proceed to make nominations from the floor of the House. The vote shall then be taken by the House of Delegates to determine who shall be elected to the vacant councilorship. All nominees for district councilorship must be members in good standing, residing within the district in which the vacancy exists.

The Fresno County delegates sent in their delegation nominations, and I take it that those of the other counties will be very glad to sign the slip by Doctor Adams.

DOCTOR WALKER: Mr. Chairman, such vote has been taken and now is in the hands of the Secretary. Each delegate, except one who is not present at the meeting, signed this nomination.

VICE-SPEAKER ASKEY: I understand, then, Doctor, that this is the nomination of the Fourth District according to the rules. That being the case, is there a motion to elect or to vote on the nomination of Doctor Anderson, who has been presented by the Fourth District?

UNIDENTIFIED VOICE: I so move.

UNIDENTIFIED VOICE: I second.

VICE-SPEAKER ASKEY: All those in favor of the motion say "Aye"; those opposed, "No." Doctor Anderson has been nominated according to the rules and regulations. How do you wish to vote?

DOCTOR WALKER: I move the Secretary cast a ballot for Doctor Anderson.

UNIDENTIFIED VOICE: I second the motion.

VICE-SPEAKER ASKEY: There's a motion that the Secretary cast a ballot for Doctor Anderson. Seconded. All in favor say "Aye"; opposed, "No." Carried.

SECRETARY KRESS: Mr. Speaker, the Secretary has so cast.

VICE-SPEAKER ASKEY: Doctor Anderson is elected. (Applause.)

Next is the Seventh District, Oliver D. Hamlin of Oakland, term expiring. Is their nomination from the Seventh District in your hands, Mr. Secretary?

SECRETARY KRESS: The nomination for the Seventh District will be presented by Doctor Alexander.

VICE-SPEAKER ASKEY: Doctor Alexander.

DOCTOR ALEXANDER: It is with a distinct sense of sadness that I present this nomination. It is the unanimous verdict of the delegation of the Seventh District. I feel the sadness because I believe that organized medicine, and

California medicine in particular, is suffering a very definite loss when Dr. Oliver D. Hamlin, at his own request, retires from the Council. He has served medicine, as you know, long, faithfully, energetically, untiringly. But such sadness as I have is matched by a certain sense of gladness, because I believe, too, though there is an unquestioned loss, that there will be undoubtedly a gain in the acquisition of the candidate whom we nominate, Dr. Frank Makinson of Oakland. (Applause.)

VICE-SPEAKER ASKEY: You have heard this nomination. How will you vote? Will you move that the Secretary cast a vote?

DOCTOR LARSON: I so move.

DOCTOR GARLAND: Seconded.

VICE-SPEAKER ASKEY: Will those in favor say "Aye"; opposed, "No." The Secretary will so cast.

SECRETARY KRESS: Mr. Speaker. The Secretary has so cast. (Applause.)

VICE-SPEAKER ASKEY: Doctor Makinson is declared elected. The next is for nomination of councilors-at-large. Nominations for this office come from the floor.

COUNCILORS-AT-LARGE

DOCTOR OTTO: Mr. Speaker.

VICE-SPEAKER ASKEY: Doctor Otto.

DOCTOR OTTO: Mr. Speaker and members of the House of Delegates. It's a great pleasure to me to recommend the name of a man who has served you faithfully for the past two years. He is vigorous, he has had eight years' experience on the County Medical Council, and is fearless in the interest of the future of Medicine. I think we can well put our trust in Dr. Earl Moody. (Applause.)

VICE-SPEAKER ASKEY: Are there any other nominations? Hearing none, the Chair declares that he is nominated. How will you vote?

DOCTOR MADSEN: I move the Secretary cast a ballot.

DOCTOR OTTO: I second.

VICE-SPEAKER ASKEY: There's a motion that the Secretary cast a ballot. Moved by Doctor Madsen of Santa Monica, seconded by Doctor Otto of Los Angeles. All in favor say "Aye"; opposed, "No." The Secretary is so instructed.

SECRETARY KRESS: The Secretary has so cast.

VICE-SPEAKER ASKEY: Doctor Moody is declared elected to this councilorship. (Applause.)

The office of councilor-at-large, incumbent, Philip K. Gilman, term expiring.

DOCTOR STONE: Mr. Speaker, we all know that Doctor Gilman has very efficiently performed his duties in the past years, and I do not wish to make any speech. On behalf of the San Francisco delegation, it gives me great pleasure to move that Doctor Gilman be nominated to succeed himself. (Applause.)

VICE-SPEAKER ASKEY: Are there further nominations for this office? Hearing none, the nominations are declared closed. How do you wish to vote?

DOCTOR KILGORE: I move the Secretary cast a ballot.

DOCTOR GARLAND: Seconded.

VICE-SPEAKER ASKEY: All in favor say "Aye"; opposed, "No." The Secretary is so instructed.

SECRETARY KRESS: Mr. Speaker. The Secretary has so cast.

VICE-SPEAKER ASKEY: Doctor Gilman is declared elected. (Applause.)

DELEGATES TO AMERICAN MEDICAL ASSOCIATION

The next offices are those of delegates to the American Medical Association.

The first is that office now held by Doctor Elbridge J. Best of San Francisco, term expiring. Are there nominations?

DOCTOR STONE: Mr. Speaker, I desire to nominate Dr. Elbridge J. Best to succeed himself in the position of delegate to the American Medical Association.

VICE-SPEAKER ASKEY: Are there further nominations?

DOCTOR SHEPARD: I second that nomination.

VICE-SPEAKER ASKEY: Are there further seconds or further nominations? If not, I declare the nominations closed. How do you wish to vote?

DOCTOR WOOLSEY: I move the Secretary cast a ballot.

DOCTOR STONE: I second.

VICE-SPEAKER ASKEY: All in favor say "Aye"; opposed, "No." The Secretary is so instructed.

SECRETARY KRESS: Mr. Speaker. The Secretary has so cast.

VICE-SPEAKER ASKEY: Doctor Best is declared elected. (Applause.)

These elections of delegates and alternates are for a two-year term of 1942-1943.

The next office is that held by Lyell C. Kinney of San Diego, term expiring. Doctor McClendon of San Diego.

DOCTOR MCCLENDON: Doctor Kinney of San Diego has been a delegate to the American Medical Association for many years. It is my desire to place his name in nomination again to succeed himself for the next two years, and I so do.

VICE-SPEAKER ASKEY: The nomination of Doctor Kinney is before you. Are there further nominations. If not, the Chair declares the nominations closed. How do you wish to vote?

DOCTOR STONE: I move the Secretary cast a ballot.

DOCTOR LARSON: Seconded.

VICE-SPEAKER ASKEY: All those in favor say "Aye"; opposed, "No." The Secretary is so instructed.

SECRETARY KRESS: Mr. Speaker. The Secretary has so cast.

VICE-SPEAKER ASKEY: Doctor Kinney is declared elected. (Applause.)

Next is the office held by Lowell C. Goin of Los Angeles, term expiring. Are there nominations? Dr. Bailey.

DOCTOR BAILEY: Mr. Speaker, for some years Doctor Goin has held this job and has made an excellent record. In his place I wish to put a man who has also made an excellent record, whom you all know and who requires no further introduction by me, Dr. Henry Wilson.

VICE-SPEAKER ASKEY: Are there further nominations? Hearing none, the nominations are declared closed. How do you wish to vote?

DOCTOR BENNETT: Move the Secretary cast a ballot.

DOCTOR WEST: Second.

VICE-SPEAKER ASKEY: All in favor say "Aye"; opposed, "No." The Secretary is so instructed.

SECRETARY KRESS: I so cast.

VICE-SPEAKER ASKEY: Doctor Wilson is elected. (Applause.)

The next position is that held by Henry S. Rogers of Petaluma, term expiring. Are there nominations for this position?

DOCTOR STONE: I desire to nominate Doctor Rogers to succeed himself as delegate to the American Medical Association.

VICE-SPEAKER ASKEY: Are there further nominations? Hearing none, the nominations are declared closed. How do you wish to vote?

DOCTOR MANER: Move the Secretary cast the ballot.

DOCTOR STONE: Seconded.

VICE-SPEAKER ASKEY: All in favor say "Aye"; opposed, "No." The Secretary is instructed.

SECRETARY KRESS: The Secretary so casts.

VICE-SPEAKER ASKEY: Doctor Rogers is elected. (Applause.)

Alternates to the American Medical Association must now be elected. The first office which will be taken care

of is that of Robert S. Stone, term expiring (alternate to Doctor Best). Are there nominations?

✓ ✓ ✓

ALTERNATES TO AMERICAN MEDICAL ASSOCIATION

DOCTOR STONE: Mr. Speaker, one of the things that amuses us as we go down the list of names is the number of people that go back in their same places. So for a little change I take great pleasure in nominating Doctor Chandler as alternate to the American Medical Association to succeed Doctor Stone. (Applause.)

VICE-SPEAKER ASKEY: Are there further nominations? If not, the nominations are closed. How do you wish to vote?

DOCTOR GARLAND: I move the Secretary cast a ballot.

DOCTOR BROWN: I second.

VICE-SPEAKER ASKEY: You have heard the motion. All those in favor say "Aye"; opposed, "No." The Secretary is so instructed.

SECRETARY KRESS: Mr. Speaker. The Secretary has so cast.

VICE-SPEAKER ASKEY: Doctor Chandler is elected as alternate to the American Medical Association, alternate to Doctor Best.

The next is the alternate to the position now held by Dr. Bon O. Adams of Riverside, term expiring, alternate to Dr. Lyell C. Kinney. Doctor McClendon.

DOCTOR MCCLENDON: Mr. Speaker, I'd like to nominate Dr. Bon Adams to succeed himself as alternate to Doctor Kinney.

VICE-SPEAKER ASKEY: The nomination is before you. Are there further nominations for this position? If not, the nominations are closed. How do you wish to vote?

DOCTOR MANER: Move the Secretary cast a ballot.

DOCTOR MOODY: Second.

VICE-SPEAKER ASKEY: Those in favor say "Aye"; opposed, "No." The Secretary is so instructed.

SECRETARY KRESS: Mr. Speaker. The Secretary has so cast.

VICE-SPEAKER ASKEY: Doctor Adams is declared elected. The next voting is for alternate in the position now held by Dr. Roy E. Thomas of Los Angeles, term expiring. Doctor Madsen.

DOCTOR MADSEN: On behalf of the Los Angeles delegation, I should like to nominate Dr. Roy E. Thomas to succeed himself.

VICE-SPEAKER ASKEY: Are there further nominations? Hearing none, the nominations are closed.

DOCTOR DEWEY: Move the Secretary cast a ballot.

DOCTOR LARSON: Second.

VICE-SPEAKER ASKEY: All in favor say "Aye"; opposed, "No." The Secretary is so instructed.

SECRETARY KRESS: The Secretary has so cast.

VICE-SPEAKER ASKEY: Dr. Roy E. Thomas is declared elected.

The next is that position as alternate to Doctor Rogers, position now being held by Dr. Philip K. Gilman. Nominations are in order.

DOCTOR STONE: I nominate Dr. Philip K. Gilman to succeed himself as alternate to Doctor Rogers.

VICE-SPEAKER ASKEY: Is there a second to the nomination?

DOCTOR POWELL: I second the nomination and move the Secretary cast a unanimous ballot.

DOCTOR KNEESHAW: Second the motion.

VICE-SPEAKER ASKEY: All in favor say "Aye"; opposed, "No." Carried. The Secretary is so instructed.

SECRETARY KRESS: The Secretary has so cast.

VICE-SPEAKER ASKEY: Doctor Gilman is elected to succeed himself as alternate to Doctor Rogers. The meeting is recessed until 8 p. m. this evening. Please be prompt.

(Meeting recessed at 6:15 p. m., Wednesday, May 7, 1941.)

Second Meeting: Part II (After-Recess Meeting)

Wednesday, May 7, 1941

Meeting reconvened at 8:30 p. m. in Auditorium
Hotel Del Monte

SPEAKER GOIN: Will the House please be in order? This is a reconvening of the recessed House, which was constituted this afternoon. There are certain vacancies in the delegations. These will be filled. The Secretary will call the roll. . . .

COUNCILOR—FIRST DISTRICT

This afternoon, through inadvertence, there occurred a slight error, which the House must now rectify. Last May at Coronado, immediately following the meeting of the House of Delegates, Doctor Tanner of San Diego submitted his resignation as councilor-at-large. In compliance with the Constitution, the Council elected on the following morning, Dr. Sam McClendon of San Diego. Doctor McClendon was really elected to fill the term until the House of Delegates met again. Nominations are, therefore, in order for the position of councilor-at-large to fill the unexpired term of Doctor Tanner of San Diego. The Chair recognizes Doctor Adams of Riverside.

DOCTOR ADAMS: Mr. Speaker. The delegation of the First District wishes to place in nomination the name of Dr. Sam McClendon to succeed himself at this time for the one year of Doctor Tanner's unexpired term.

SPEAKER GOIN: Any further nominations? If there are not, the Chair declares them closed. How will you vote?

DOCTOR LARSON: Move the Secretary cast a ballot.

DOCTOR GARLAND: Second.

SPEAKER GOIN: All in favor say "Aye"; opposed, "No." Declared and so ordered.

SECRETARY KRESS: The Secretary has so cast.

SPEAKER GOIN: Doctor McClendon is elected to fill out the unexpired term of Doctor Tanner of San Diego. (Applause.)

The Chairman of the Council, Doctor Gilman, will now pronounce the appointment of members for standing committees for the approval of the House. Doctor Gilman.

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DOCTOR GILMAN: Mr. Speaker, members of the House. The Council recommendations are as follows: (For roster of Standing Committees see advertising page 2. Council Minutes will appear in the July issue of CALIFORNIA AND WESTERN MEDICINE.)

SPEAKER GOIN: The Chair will entertain a motion to approve the appointments of the Council.

Moved by Maner, seconded by Delprat, that the appointments of the Council be approved. Discussion. All in favor say "Aye"; contrary, "No." Carried and so ordered.

✓ ✓ ✓

Report of Committee on Public Policy and Legislation

Is Dr. Dwight Murray in the House? Come forward. Doctor Murray, please. Members of the House of Delegates, it seems that you should be entitled to, and I'm sure you'll be interested in, at least a brief summary of the activities of the Committee on Public Policy and Legislation. Yesterday we should have called on Doctor Murray for a personal report and didn't, and I think we'd better take a few moments at this time for your benefit that Doctor Murray may give you a brief report on the activities of the Committee. Doctor Murray. (Applause.)

DOCTOR MURRAY: Mr. Chairman and Delegates of the House. The report that I gave on Monday morning here leaves little more to add. I will mention hurriedly and briefly, however, a few things that have happened. Of course, there were the usual number of bills, something over four thousand bills introduced, approximately 375 pertaining to medicine or the practice of medicine in some form or other. That is about the usual story, and it takes

about the usual amount of activity and work and going here and there, trying to be in two or three different places at two or three different times to keep up with them.

The bills hurriedly summarized (I couldn't tell you in five or ten minutes everything that's happened up there in two months), but the bills that the House of Delegates ordered passed last year were two.

One was a humane pound bill and the other was a bill having to do with the speed of doctors' automobiles on making emergency calls. The humane pound bill was—well, we had quite a show with it anyway; we had a lot of the movie people up there from Los Angeles and Hollywood, and all that sort of thing. I looked in vain to see Sam Ayres or George Maner, or some of those fellows, come up with them, but I never did see them. But, anyway, it was quite a show and we had quite a time, but the bill was very promptly tabled in spite of all we could do, but I think it probably upset any thought that they might have of trying to put through their antivivisection bill. So the antivivisection bill was then tabled, which we were very happy to see.

Then the Motor Vehicle Bill, as we call it, the speed bill for doctors, was modified and amended quite a lot and it will probably pass in some sort of form, but that won't bother very much.

I would like, if I might ask, Mr. Chairman, of the House of Delegates that they be very particular about ordering any bills reintroduced. Unless you feel that there is something very, very important, it is rather difficult sometimes to ask these men to get these bills through for you that are not of the utmost importance to the medical profession. Save your time, your steam, your ammunition until we have some bills that are very worth while. Offense is decidedly more difficult than defense, and we need to save a lot of our power for defense. Defense on such things as the chiropractors asking to take care of compensation cases—industrial cases I mean—on the same basis that you and I take care of them. We've knocked that bill down twice. They amend it, and I suppose they'll come back with it again. Frank MacDonald was over to help me one day.

Also the osteopaths, every time that there is a bill introduced or any bill coming up that has to do with medical practice in any way, the osteopaths are always there to put in their oar for themselves. For instance, the so-called County Hospital Bill, that's Senate Bill 1037, which was written by our Association two years ago, very much the same bill in very much the same form, was introduced again this year and was defeated, very largely probably because of the appropriation. (As you know, they're pretty economically minded up there this year, and anything costing anybody money is not popular.) But the osteopaths were right there to put in an amendment on that bill to include themselves in it. So, that's what I mean by defense.

I believe, gentlemen, that our Medical Practice Act, as it is, is pretty good and it could be infinitely worse by having some of these bills passed. That's what I mean by saying that offense is much more difficult than defense, and we should save our punch until something of very vital importance comes along.

The bills that we have been very vitally interested in are those pertaining to California Physicians' Service. They're Bill 562 and Bill 563. The former was vetoed by the Governor, and 563 we are hoping will not meet with the same fate. I don't know just what we'll have to do to get that done, but we can certainly live in hopes anyway until it is passed.

Regarding some of our other bills, I just received a telegram a few minutes ago saying that Bill 1475, that has to do with reciprocity of foreign medical graduates, passed the Senate with only three dissenting votes. It passed the Assembly about two weeks ago with a good vote of about 54 to 19. So that bill is on its way to the Governor and we hope he will sign it.

Other bills that are of some importance to us are bills from the Board of Medical Examiners. They always have in some bills that are of very vital interest to us all. The one that we are particularly interested in there is Assembly Bill 503, which has to do with the men from foreign countries who are practicing in the United States—that they be not given over ten points for years of practice. That bill is now waiting for the Governor's signature.

Another point that I would like to emphasize is that when your legislators come home, don't fail to treat them most kindly. The majority of them have been our friends. Pat them on the back and say, "Well, Bill, you did a pretty good job up there. We appreciate what you did for us." Don't forget to entertain them this summer, don't forget to entertain them during the winter and at other times. Don't wait until just before the legislature is due to convene again, but remain friendly with them and talk over your problems. Their interest in us shows very conclusively the work that the medical profession has done in the past few years. That plan has been followed out for some time—of knowing our legislators—and if you know them, you can talk to them. Many times I have talked to this man or that man, and he would say, "Oh, yes, my doctor down home was talking to me about that." He knows all about it. And you'd be surprised how conversant they are with the medical problems. I would urge that you continue those friendly relationships.

I wish to thank so many people that I cannot name them all personally, because we have called upon many men to help us out, and you have responded 100 per cent. There has not been a single request that we have sent out that hasn't been responded to most promptly. I'll tell you, gentlemen, that is the one thing that makes this job endurable. The key-men from various districts (of course you can't call up everybody, or send a telegram to everybody, or write everybody a letter, but we try to get around to the people who we think might know the Assemblymen or Senators best) have worked to help us out, and we appreciate it. We know you're working to help us. After all, we're all working for the same principles. We'd like to thank particularly the members of the State Board of Health. They have helped us a great deal. Doctor Brown and his men have been with us all the time. Also Pinkham and his men, Doctor Makinson and his committee, the Council, and everybody right on down the line, and our Public Health League have been of great assistance. Any time that we think we need any particular help in many ways, the Public Health League is there to help us. It's an organization that should be kept up and built on—the work of the Public Health League, this summer and winter.

Remember, the Legislature will be convening again in a couple of years, and we need all the assistance we can get. Our old friend, Doctor Harris, has always been there to help us.

SPEAKER GOIN: Thank you, Doctor Murray. It always occurs to me, as I listen to Doctor Murray talking, that nearly all of us have been a committee chairman at some time or other, and, generally speaking, we went up to the tap room and had a drink, and went home and thought we'd done a good day's work. I hope all of you really appreciate the tremendous burden of work that falls on this particular committee and especially on Doctor Murray. (Applause.)

Let me remind you once more that these meetings are being recorded electrically. Thank goodness this is still a democratic organization. You are all entitled to have your say on any subject whatever. But the recording machine doesn't know you. So don't be bashful. When you get up, say your name out in a good, loud voice. Come up here to the microphone and say what you like. Otherwise we just can't get your remarks into the proceedings of the House. Now, quite a few people have come in this evening, and this a recessed meeting of the House, so we did not have to have a roll call. The Chair feels that he

should remind you that only those that have been formally seated as delegates or alternates are members of this House. Now, it doesn't mean that you're not a member unless you were elected, because if the House has so constituted you, you are actually a member of the House. But only those who have been seated are entitled to the floor or to vote. If you will remember that, it will save us the necessity of having to have a roll call of the House presently.

The next order of business is the report of Reference Committees. The first will be the Committee No. 1, on the reports of officers and standing committees.

The Chair recognizes Dr. Frank J. Doughty of San Joaquin, Chairman.

REPORT OF COMMITTEE NO. 1

CHAIRMAN DOUGHTY: Mr. Speaker, Reference No. 1 submits the following report: *On the Reports of Officers and Standing Committees:*

Report of the President.

President Harry Wilson and the Special Committee have definitely put into effect the wishes of the House of Delegates, expressed in their session of May, 1940, resulting in an efficient reorganization of the administrative set-up of the California Medical Association. This has required courage and intelligence, and has been very well directed. Financially, the income of the California Medical Association is up \$1,249, and expenses, on the basis of reports submitted by the Treasurer and accountants, are down \$15,106.

The statement of President Wilson should be emphasized that, "without California Physicians' Service, each doctor would stand alone and isolated, voiceless, defenseless, and with no weapon to meet the encroaching, parental attitude that is threatening to wipe out private practice." We move the adoption of this section of the report.

SPEAKER GOIN: The adoption of this section is moved by the Chairman and seconded by Doctor Larson. Any discussion of this section of the report? If not, all in favor say "Aye"; contrary, "No." Carried, and the section is adopted.

CHAIRMAN DOUGHTY: *Report of the President-Elect.* This report shows the understanding of the President-Elect concerning the problems facing the physicians of California. We move the adoption of this section of the report.

SPEAKER GOIN: Adoption of this section moved by the chairman of the committee. Seconded by Maner, for a change. Any discussion? All in favor say "Aye"; contrary, "No." Carried, and section adopted.

CHAIRMAN DOUGHTY: *Report of the Past President.* This report shows his active participation in the affairs of the Association. We move the adoption of this section of the report. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Report of the Speaker of the House of Delegates.* The Speaker of the House of Delegates recommends for a term of three years, tenure of office for speakership.

This, as you know, is largely a technical job, requiring great skill in parliamentary procedure.

In accordance with this suggestion, we therefore submit the following proposed amendment to Section 3 of Article X of the Constitution of the California Medical Association:

Resolved, That Section 3 of Article X of the Constitution of the Association, the California Medical Association be, and the same is hereby amended, by deleting from said section the words "for the term of one year" and inserting in lieu thereof the following, "for a term of three years," so the said section shall hereafter read as follows: "Section 3. Speaker and Vice-Speaker of the House When Elected—Term of Office. The House of Delegates shall at the regular

annual session thereof elect a Speaker of the House of Delegates and a Vice-Speaker of the House of Delegates, each to serve a term of three years, or until their successors are elected and assume office. The Speaker and Vice-Speaker shall be members of the House of Delegates at the time of their election."

The Speaker of the House of Delegates also recommends that the Constitution be amended, denying the members of the Council of voting power in the House. The Council is, obviously, the administrative and executive branch of our organization and the House of Delegates is the legislative branch. It is the opinion of your Reference Committee that this recommendation is sound and constructive. In accordance therewith, we therefore submit this amendment to Section 1 of Article V of the Constitution of the California Medical Association:

Resolved, That Section 1 of Article V of the Constitution of this Association, the California Medical Association, be, and the same is hereby amended, by deleting the present provisions of said section, and substituting in lieu thereof the following: "The House of Delegates shall consist of delegates elected by the component county societies, and, ex officio and without the right to vote, the officers of the Association, enumerated in Section 1 of the Article of this Constitution."

I move the adoption of this section of the report. . . . (Adopted.)

VICE-SPEAKER ASKEY: It's moved by the Chairman and seconded by Doctor Bennett. Is there discussion? Doctor Goin, Speaker of the House, wishes to speak regarding this resolution.

SPEAKER GOIN: I yielded the gavel to Doctor Askey because I wish to avail myself of the opportunity of saying this:

That I wouldn't have been bold enough to present this amendment lengthening the Speaker's term of office if I were not sure you would all realize that it has nothing to do with your present Speaker, since it must wait one year, at least, before it's acted on.

VICE-SPEAKER ASKEY: I may say that the adoption of the motion does not constitute an amendment to the Constitution. The motion is merely an adoption of the report, which places this before you. Is there discussion in regard to this? Are you ready for the question? All in favor say "Aye"; opposed, "No." This portion of the report is adopted.

CHAIRMAN DOUGHTY: *The Report of the Vice-Speaker* shows that he has performed the duties of his office, and we move the adoption of this section of the report. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Report of the Chairman of the Council.* Doctor Gilman has faithfully performed his duties. The report of the Council is in the "Pre-Convention Bulletin" in full. We move the adoption of this section of the report. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Reports of District Councilors and the Councilors-at-Large.* These show that each has been diligent in fulfilling his duties and promoting the interests of organized medicine in his district.

Of particular interest was the Los Angeles Health Exhibit, sponsored by the Los Angeles County Medical Association. The councilors have been active in promoting public relations outside of the medical profession. This activity is important in increasing the influence of organized medicine. I move the adoption of this section of the report. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Reports of Standing Committees.* Executive Committee. Excerpts of the meetings have been published, and we all know the valiant work which this committee is doing constantly in behalf of the profession and the public health. I move the adoption of this section of the report. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Report of the Auditing Committee.* It has performed its function and presented a professional audit. We move the adoption of this section of the report. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Committee on Associated Societies and Technical Groups.* Various groups have fulfilled their duties. We move the adoption of this report. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Committee on Health and Public Instruction.* This committee reports no regular meetings during the year. Its main function has been served by the Council. I move the adoption of this section. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Committee on History and Obituaries.* This committee feels that our State Association, which is approximately a century old, should have its past history clarified and recorded. It recommends that Council earmark a certain sum each year for this purpose, as warranted by the financial condition of this Association. I move the adoption of this section. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Committee on Hospitals, Dispensaries, and Clinics.* This committee believes that rapid growth of the Los Angeles area and expansion of the defense program have created a shortage of private hospital beds. It recommends the wider use of convalescent homes, supplementing the private hospitals. In the opinion of your Reference Committee, further study of means of financing private hospital expansion should be considered. I move the adoption of this section. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Committee on Medical Defense.* This committee and the former Committee on Public Relations distributed a pamphlet of medical defense to every member of the California Medical Association. The Committee commended the use of a "grievance committee" and the good work it can do in each medical society in aborting malpractice difficulties.

It also calls attention to the Medical Society of the State of California, which provides for a personal attorney in cases of malpractice. We move the adoption of this section. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Committee on Medical Economics.* Attempts to promote compulsory sickness insurance and similar political excursions into the field of medical care have received the attention of this committee. It recommends that at least once a year an opportunity should be presented for every county medical society to discuss the important issues constantly arising in the field of medical economics. We heartily approve this, and we move the adoption of this section. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Committee on Membership and Organization.* Reports the membership of the California Medical Association as 6,825. Move the adoption of this section. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Committee on Postgraduate Activities.* During the past year clinical conferences or discussions, under the auspices of the Committee, have been held for sixteen county medical societies. In addition, many other opportunities for postgraduate training have been arranged. I move the adoption of this section. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Committee on Publications.* Calls attention to the quality and high standing of CALIFORNIA AND WESTERN MEDICINE. Move the adoption of this section. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Committee on Public Policy and Legislation.* The Committee desires to emphasize how important it is that county medical societies and members of component county units should not give collective or individual approval to proposed legislative measures unless the California Medical Association Committee on Legislation has been first consulted. This is fully desirable, so that such endorsements may be in harmony with prospective legislative procedures for the general welfare.

A brief summary of the proposed bills before the present Legislature is presented. The volume of work handled by this committee is necessarily great, but its intelligent efforts to promote the public health, with our active support, should yield fruitful results. I move the adoption of this section. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Committee on Public Relations.* The major function of this committee has been to correlate interested groups and to arrange details of the final draft of the Basic Science Initiative. If passed, this will assure the public of the State of California that anyone who practices the healing art in any form will be an intelligent person, with a working knowledge of those basic sciences which are necessary in human physiology and anatomy. Signatures on the petitions are about to be sought. The Chairman urges the continuance of this committee. Move we adopt this section. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Cancer Commission.* This committee has been coöperating with the Women's Field Army of the American Society for the Control of Cancer. The Commission has sponsored a program preceding the annual session, and is carrying on the work in public and professional groups in this very important field. I move the adoption of this section. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Report of Special and Council Committees.* Report on local arrangements. "Under the chairmanship of Mast Wolfson and his excellent committee, we have been charmed by the beauties abounding in this continuous circle of enchantment." I move a special resolution of commendation for the excellent work of this committee in arranging for our entertainment, and I move the adoption of this section. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Committee on Public Health Education.* The Public Relations Department, in one sense, has been discontinued, and much of this work has been taken over by Mr. Hunton, our new Executive Secretary. This appears to be a forward step, but your Reference Committee wishes to point out the importance and necessity that final control of any layman working in this field must rest with the medical profession. We believe that this will be possible.

The Committee on Public Health Education. This committee has presented to the Council a plan for release of a syndicated medical column, under the direction of a lay employee. Your Reference Committee believes that this is an excellent plan under proper editing. The Committee has advocated the formation of speakers' bureaus in all county medical associations. This is certainly an excellent idea, which should be further expanded to the field of radio. This committee has also done valuable work in giving publicity to the California Physicians' Service. I move the adoption of this section. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Committee on Aid to Needy Members.* Your Reference Committee is in harmony with the principle of aid to needy members. The working out of a sound plan requires considerable study. I move the adoption of this section. . . . (Adopted.)

CHAIRMAN DOUGHTY: *Committee on Life Membership.* This Committee is presenting an amendment to the Constitution, permitting life membership for this session of the House of Delegates. We favor continued study of this plan and move the adoption of this section. . . . (Adopted.)

CHAIRMAN DOUGHTY: Mr. Speaker. The Reference Committee on Reports of Officers and Standing Committees, together with the reports on special committees, assigned to it by the Speaker, moves the adoption of this report as a whole. Signed: J. Frank Doughty, Chairman; Edwin S. Bennett, J. S. Wilbur.

VICE-SPEAKER ASKEY: Seconded by Doctor Larson. Discussion?

DOCTOR NEWELL: In the report of the President there's a paragraph which says, concerning the proposition to change the managership of CALIFORNIA AND WESTERN

MEDICINE, "The offer for a competent and experienced publisher to publish for us, subjective to proper contractual safeguard, CALIFORNIA AND WESTERN MEDICINE free will bring about an economy of nearly \$10,000 a year. Your President recommends that this contract be made." In voting for the adoption of this portion of the report, did I vote in favor of this recommendation?

VICE-SPEAKER ASKEY: No, you did not. Doctor Wilson has withdrawn that recommendation and the Council has already taken action.

(Speaker Goin takes the chair.)

SPEAKER GOIN: Doctor Makinson.

DOCTOR MAKINSON: As chairman of the Public Health Education Committee, there are one or two things I should state before this House of Delegates.

Mr. Hunton is very cooperative, and there is no danger that he is going to work without proper instruction, as has been shown by the manner in which he has cooperated up to date.

Also, regarding the syndicated health column; when this matter was presented to the Council in its meeting of a month ago, it was postponed until the meeting that has been held by the Council at this session, and was again turned down. It will not appear. Thank you very much.

SPEAKER GOIN: Doctor Sharp of Monterey County has requested permission of the Chair to introduce a constitutional amendment. With reference to amendments to the Constitution, an amendment may be introduced at either session of the House. It is merely received and laid upon the table of the House until next year. Doctor Sharp will therefore introduce the amendment.

DOCTOR SHARP: Mr. Speaker, members of the House of Delegates. Without comment I wish to present the following proposed amendment to Section 2 of Article IX of the Constitution.

Resolved, That Section 2 of Article IX of the Constitution of this Association, the California Medical Association, be, and the same is hereby amended by adding to such section a new sentence to follow the present provisions of such section and to read as follows:

The Council may by contract or resolution bind the Association to hold its annual session at the Hotel Del Monte, Monterey County, California, or at any other suitable place in California, for a period not to exceed — consecutive annual sessions, upon such terms and conditions as, in the discretion of the Council, may appear to be advantageous to the Association.

SPEAKER GOIN: That will be received and become an order of business at the next annual session of this House. Doctor Gilman, Chairman of the Council, has an announcement to make.

DOCTOR DOUGHTY: Mr. Speaker, a point of order. Has the report of the Reference Committee been put to a vote for an acceptance of the report as a whole?

SPEAKER GOIN: The question is now on the adoption of the report of Reference Committee No. 1 as a whole. Moved by the Chairman, seconded by Doctor Newell. All in favor say "Aye"; contrary, "No." (Adopted.)

Council Chairman Gilman is recognized.

DOCTOR GILMAN: Mr. Speaker, your Council recommends that the dues for the ensuing year be continued at the same rate of \$15 per person to aid in the passage of the Basic Science Law and to care for dues of those called to active duty in the armed forces.

SPEAKER GOIN: The question now is upon the approval of the dues, as fixed by the Council. The Chair will entertain a motion to approve the action of the Council. Moved by Dukes, seconded by Ruddock. Discussion? We're about to fix the annual dues.

DOCTOR SHEPHARD: Those of you who have been paying particular attention to the finances of this Association must fully realize that we have been close to the wall on our finances. There is no question but what in the past we may be accused of having frittered away our money. But, nevertheless, it has always been done with the best intentions and the best faith. Personally, as an individual, I do not like to coast along with a practically broken bank account. The possibility of increased expenses during the next year seems to me to indicate that we should strain a little bit if necessary. And, instead of trying to hold our Council down to a measly \$15 a year dues, I feel that the Council has been a little timid in not asking us for sufficient dues to put us on a firm financial basis. And I would like to suggest, if it meets with approval, that the dues be raised to \$25 a year instead of \$15.

SPEAKER GOIN: Doctor Shephard, do I understand you are proposing an amendment to that effect?

DOCTOR SHEPHARD: If it is in order, I so move.

SPEAKER GOIN: Is there a second to the motion. The Chair hears no second. Seconded by Lewis. The question is now on the amendment to the Council's report to the effect that the dues be raised from \$15 to \$25. Any discussion? Ready for the question?

All in favor of the amendment say "Aye"; contrary, "No." The "Noes" have it. The amendment is lost.

The question now recurs to the adoption of the Council's recommendation. Ready for the question? We're about to fix the annual dues at \$15. Be in order, gentlemen. All in favor say "Aye"; contrary, "No." Carried, and so ordered. Doctor Gilman.

DOCTOR GILMAN: Mr. Speaker, the budget for the year 1942, as drafted by the Auditing Committee and then considered and revised in turn by the Executive Committee and by the Council, is, in its present form, in line with the allocations as given by the Certified Public Accountants in the "Pre-Convention Bulletin." It is now before the House of Delegates for approval. To recall to you the specific sums mentioned in this document which was published, and which involves the greatest effort to reduce expenses along the line, the annual budget, you will recall, calls for \$91,788, with unbudgeted balance of \$35,612, making a total of \$127,400.

SPEAKER GOIN: The Chair will inquire of the Chairman of Committee No. 2, Doctor Bost, whether or not the budget was considered with the matters in the hands of that committee.

DOCTOR BOST: It was.

SPEAKER GOIN: Yes. No action will be necessary at this time then.

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REPORT OF COMMITTEE NO. 2

The next order of business will be the report of *Reference Committee No. 2, the Committee on the Report of the Council, and the Report of the Secretary-Treasurer*, Dr. Frederic C. Bost of San Francisco, Chairman.

CHAIRMAN BOST: Mr. Speaker, members of the House of Delegates. With your indulgence we will not read all of the report of the Council, which you have in hand in the "Pre-Convention Bulletin." Our report concerns the report of the Council and the report of the Secretary-Treasurer.

Under Item 1, the matter of reorganization was considered by the Council. Pursuant to the direction of the 1940 House of Delegates, the Council has carried out a reorganization of the central offices, which meets with the approval of your Reference Committee.

The Council requests direction by the House of Delegates as to *pension policy for retired employees*. Your

Reference Committee recommends that the Council create for its own use a pension committee, which will make a policy for its employees, giving particular attention to a contractual, contributing plan. Until some such policy is adopted by the California Medical Association, the Committee feels that a pension of \$40, granted by the Council to the retired members of our employees for age, should be continued. Mr. Speaker, we move the adoption of this part of the report. . . . (Adopted.)

CHAIRMAN BOST: Item 2 deals with the California Physicians' Service. Your Reference Committee heartily endorses the Council's report on the *California Physicians' Service* and particularly wishes to endorse the appreciation expressed for the valuable services rendered by Dr. Alson Kilgore. The Committee requests the adoption of this part of the report. . . . (Adopted.)

CHAIRMAN BOST: The Committee also urges the continued support by the California Medical Association of the new medical director and administrator, Doctor Larson. We move the adoption of this section. . . . (Adopted.)

CHAIRMAN BOST: Item 3, dealing with legislation. Your Committee fully realizes the enormity of the work involved in following legislative actions concerning medical matters, and heartily endorses this section of the Council's report, with the recommendation that this House of Delegates reaffirm its past resolution, to the effect that component county societies of this Association should not endorse legislative bills in California, except after such proposed amendments have been referred through the central office of the Association to the Committee on Public Policies and Legislation. We move the adoption of this section. . . . (Adopted.)

CHAIRMAN BOST: Your committee further recommends that this House instruct the Council to continue its efforts to restrict the use of the *procedure or regulation, adopted by the Industrial Accident Commission on October 16, 1940*, which resolution pertains to the disclosure of medical and hospital records to any searcher, to the end that confidential communications between physician and patient shall not be disclosed, and to the end that private records and documents shall not be searched or seized without due process of law.

We recommend that the Council, having in mind the foregoing principles, be free to take such action as it may deem advisable under such circumstances as may arise. We recommend the adoption of this section. . . . (Adopted.)

CHAIRMAN BOST: Item 4, the *Basic Science Act*. Your Reference Committee heartily endorses the action of the Council in its attitude on the Basic Science Initiative. We recommend the adoption of this section. . . . (Adopted.)

CHAIRMAN BOST: Item 5. Your Committee approves the action of the Council in the matter of the *Indemnity Defense Fund*. We request the adoption of this section. . . . (Adopted.)

CHAIRMAN BOST: Items 6 and 7. Your Reference Committee views with favor the Council's report on *Medical Preparedness*, and also the continuation of the *Annual Secretaries' Conferences*. We recommend the adoption of this section. . . . (Adopted.)

CHAIRMAN BOST: Your Reference Committee congratulates the Council on the arrangements which have been made for this annual session and wishes to express deep

appreciation for the continued support given by the technical exhibitors. Move the adoption of this section. . . . (Adopted.)

CHAIRMAN BOST: Item 9. Your committee views with favor the report on *Postgraduate Work* and suggests that in the future attention be given to the inclusion of topics concerning industrial medicine in its curriculum. We move the adoption of this section. . . . (Adopted.)

CHAIRMAN BOST: Item 10. We approve the attitude of the Council on Exhibits. We move the adoption of this section. . . . (Adopted.)

CHAIRMAN BOST: Item 11. Your committee is in thorough accord with the Council's expression of appreciation concerning the value of the county society grievance committees. I recommend the adoption of this section. . . . (Adopted.)

CHAIRMAN BOST: Item 12. Your Reference Committee is particularly impressed with the great service which has been rendered by the *Woman's Auxiliary*, and desires to call to the attention of the House of Delegates the tremendous work which falls upon the General Chairman of the Auxiliary Committee at each annual session and throughout the year. It recommends that for their aid we offer them the establishment and maintenance of a corresponding secretary in the central office of the Association. I move the adoption of this section. . . . (Adopted.)

CHAIRMAN BOST: Item 13. Your committee views with a great deal of satisfaction the increase of membership in this Association. We move the adoption of this section. . . . (Adopted.)

CHAIRMAN BOST: Item 14. Your committee has carefully considered the Council's report on the *Special Assessment* which was levied by the 1939 House of Delegates, and recommends that no further action be taken to attempt to collect from those members who have not paid such assessment. We move the adoption of this section.

SPEAKER GOIN: Seconded by Doctor Maier. Is there any discussion of this? The effect of the adoption of this is to wipe from the books the amount which is still owing the Association on the assessments. Any discussion? Ready for the question? All in favor say "Aye"; contrary, "No." The Chair is in doubt. Will those voting "Aye" hold up their hands? Count please, Mr. Secretary, on that. Will those voting "No" please hold their hands up? Sixty-seven "Ayes." Carried.

CHAIRMAN BOST: The Committee further recommends that the House of Delegates amend the Constitution to properly care for both the levying of and the collection of future assessments.

The Committee has discovered that such an amendment, introduced in the 1940 Council report, was apparently overlooked by the Reference Committee, to which the report was assigned. No mention of this amendment was made by the 1940 Reference Committee and, therefore, no action was taken by the 1940 House of Delegates. Consequently, this amendment did not appear in the 1941 "Pre-Convention Bulletin," and therefore we beg leave to introduce it at this time.

PROPOSED AMENDMENT—REGARDING ASSESSMENTS

May I introduce this amendment, Mr. Speaker?

The proposed amendment is as follows:

"Amendment to Article XI, Section 1, of the Constitution of the California Medical Association.

Resolved, That Section 1 of Article XI of the Constitution of this Association, the California Medical Association, be, and same hereby is, amended by striking out of said section the following: "Funds may also be raised by voluntary contributions, through bequests, legacies, devises, and gifts, and from the Association's publications, by special assessments, and in any other manner approved by the House of Delegates." And by inserting in lieu thereof the following: "Funds may also be raised by any of the following methods: (a) publications of the Association; (b) voluntary contributions; (c) bequests, legacies, devises, and gifts; (d) special assessments levied by the House of Delegates; and (e) in any other manner approved by the House of Delegates. In the event that the House of Delegates levies any special or other assessment other than the annual assessment of dues, it may, in the resolution levying the assessment, fix and determine the time within which such assessment must be paid, the class or classes of members of the Association upon whom it is levied, and the penalty, if any, including forfeiture or suspension of membership in this Association or the component county medical society, or both, to result from nonpayment thereof within the time prescribed."

We move the adoption of this section.

SPEAKER GOIN: Seconded by Doctor Doughty. The Chair will now detach the amendment from the Committee's report, and it will remain upon the table of the House for one year. The adoption of this section of the report has no effect upon the amendment proposed. The motion is now on the adoption of this section of the report. Are you ready for the question? All in favor say "Aye"; contrary, "No." Carried.

CHAIRMAN BOST: Item 15. Your Reference Committee commends that part of the report dealing with *Councilors' Visits to Component Medical Societies*. We move the adoption of this section of the report. . . (Adopted.)

CHAIRMAN BOST: Added to the Council report was a report of a special committee appointed to consider an amendment presented by the Santa Clara delegation in 1940. This had to do with *Hospitalization Costs and Hospital Insurance*.

The Council has made certain recommendations, and the Committee feels that the resolution, as tabled by the Council, should be deferred at this time on account of certain legal implications which it might involve. Your committee also recommends further study on this subject by the Council. We move the adoption of this section. . . (Adopted.)

CHAIRMAN BOST: *Report of the Secretary*. The Committee endorses the report of the Secretary, and calls special attention to that portion concerning a budget for *Transportation and Maintenance of Exhibits at State and County Fairs*, and recommends that the Council be authorized to provide reasonable sums for such purposes. We move the adoption of this section of the report. . . (Adopted.)

CHAIRMAN BOST: *Report of the Treasurer*. Your Committee's review of the *Report of the Treasurer* shows a sound financial position at the present time, but your committee feels obliged to call attention to the unusual expenditures likely to be incurred this year in connection with the Basic Science Act, and calls for consideration by this House of Delegates as to whether or not these expenditures should be allowed to deplete the reserves of this Association, or whether they wish to contemplate increased annual dues or special assessments. We move the adoption of this section. . . (Adopted.)

CHAIRMAN BOST: Mr. Speaker, I move the adoption of this report as a whole. It has been signed by the Committee members: Dr. John Hunt Shephard, Dr. Ralph C. Leggo, and Dr. Frederic C. Bost, Chairman.

SPEAKER GOIN: Moved by the Chairman, seconded by Doctor Shephard, that the report as a whole be adopted. Discussion. All in favor, "Aye"; contrary, "No." Carried, and the report is adopted. Thank you, Doctor Bost. (Applause.)

Sometimes at this time the House wishes to take a brief recess. What is your pleasure? Do you? (No.)

REPORT OF COMMITTEE NO. 3

The next order of business is the *Report of Reference Committee No. 3, the Committee on Resolutions, Amendments to the Constitution and By-Laws, and New and Miscellaneous Business*, Dr. John C. Ruddock of Los Angeles, Chairman. Doctor Ruddock.

CHAIRMAN RUDDOCK: Mr. Speaker, I would ask that there be a slight recess at this time in order that there be a distribution of mimeographed copies, which we would like to have in the hands of each delegate.

SPEAKER GOIN: We'll pause long enough for that purpose. In the meantime, if you will look at page 3 of this report when you get it, you'll find that the typist has made a slight error. In the first inset section, quoting Section 1 of Article XII, the words "the Vice-Speaker" have been omitted. They're in the published report in the "Pre-Convention Bulletin," and this is merely a copyist's error. So please add mentally the words, "and the Vice-Speaker."

The Chair recognizes Dr. John C. Ruddock of Los Angeles, Chairman of Reference Committee No. 3.

CHAIRMAN RUDDOCK: At this time I wish to make an announcement with regard to the distribution of these mimeographed copies that you have in your hand. Due to time and the hurry of the clerical transcribing, there are some clerical errors that appear in the copy that you have. I will try to call your attention to them as we go along.

Mr. Speaker, members of the House of Delegates: Your committee, Reference Committee No. 3, has met and held hearings on the amendments and resolutions that have been referred to it, and we beg to report to you as follows:

Addendum to the report of the Council, entitled "Resolution Concerning Waiver of Dues for Members in Active Service in the Armed Forces."

The Council has considered very seriously the hardships imposed upon some members of the Association who have been called into military service, being required to pay full dues in order to retain membership during the period of military service. The Council is particularly concerned with those members who have been and will be called into military service, whose incomes will be materially reduced by such service. It has been felt that dues should be reduced or waived during the period of service. However, the Constitution of the Association requires that annual dues be equal and uniform with respect to all members. Therefore, neither the Council nor the House of Delegates can reduce or waive dues for members in military service without an amendment to the Constitution. An amendment has been prepared to this end and has been introduced by the Chairman of the Council into this House of Delegates. The constitutional amendment cannot be acted upon for one year. Meanwhile the problem is an immediate one. Therefore, the Council has adopted the following resolution and respectfully requests the House of Delegates to ratify and confirm it:

Resolved, That in connection with the payment of annual dues to this Association by any active member entering the armed forces of the United States, the Council may direct the Secretary-Treasurer to pay the dues of such member for the year 1940 or the year 1941, or both, as the case may be, out of the general funds of the Association, said advance from the funds of the Association to be considered as a loan from the Association to each such member.

You will note that the foregoing resolution contemplates advances on behalf of such members and not an outright gift or waiver of dues. You will also note that constitutional amendment to be introduced will, when enacted, be retroactive in effect, so that after the constitutional amendment has become a part of the Constitution, the House of Delegates may then waive in full or in part the repayment of such advances by the members affected. Mr. Speaker, your committee recommends this pass. I, therefore, as chairman, move the approval of this addendum to the report of the Council.

SPEAKER GOIN: The adoption of this section of the report is moved by the Committee Chairman. Is there a second? Seconded by Doctor Madsen. Is there any discussion? The object will be to effect a maneuver by which dues of those in military service may actually be skipped. Any discussion? All in favor, "Aye"; contrary, "No." It is carried, and the section is adopted.

CHAIRMAN RUDDOCK: Mr. Speaker, I now move the adoption of the resolution.

DOCTOR DOUGHTY: Seconded.

SPEAKER GOIN: Moved by the Committee Chairman, seconded by Doctor Doughty, that the resolution be adopted by the House. Is there any discussion? All in favor, "Aye"; contrary, "No." Carried, and it is adopted.

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CHAIRMAN RUDDOCK: Now, in regard to the detailed **Report of the Committee on Aid to Needy Members**, which was read in the House of Delegates last night, your committee has read the report and we compliment the Committee on its detail, which signifies much research work, and we wish to compliment them at this time upon their grasp of the problem which faces the California Medical Association, in aiding our less fortunate members.

Your committee, therefore, recommends the adoption of this detailed report of the Committee on the Aid to Needy Members. Mr. Speaker, I move the adoption of this report.

SPEAKER GOIN: Adoption moved by the Chairman, seconded by Doctor Anderson. Any discussion? Doctor Madsen.

DOCTOR MADSEN: Mr. Chairman, it would seem to me that the trends of the times are toward the provision for stipends for old age. If there is one person in the realm of our life who has no stipend arranged for him, it is the physician. I'm heartily in favor of this resolution, but I should like to see it go further. I feel that we should memorialize the American Medical Association to take somewhat similar action.

SPEAKER GOIN: Any further discussion? Ready for the question. The question is on adoption of this section of the report. All in favor, "Aye"; contrary, "No." Carried and adopted.

CHAIRMAN RUDDOCK: I move the adoption of this portion of the report of Committee No. 3.

SPEAKER GOIN: All in favor, "Aye"; contrary, "No." This section is adopted.

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CHAIRMAN RUDDOCK: I might make an announcement at this time that I have not yet come to the part that you have in your hands in the mimeographed copies. I will so notify you when we get there.

Mr. Speaker and members of the House of Delegates, your committee has carefully studied the proposed *Amendments to the Constitution* which were introduced at the thirty-second annual session of the House of Delegates, held at Hotel Coronado, May 6, 1940. Eight amendments were submitted at that time. You all have copies of them, I am sure, in your hands.

Amendments 1 to 5 have to do with changes in the Constitution, and, in the judgment of the Committee, contemplate five separate purposes. These purposes are interlaced among the amendments, and we desire to acquaint you

with the purposes so that you may understand the purport of the adoption or the rejection of these amendments. The changes proposed in these amendments can be listed as follows:

First, that the Secretary-Treasurer and Editor of the Association has no right to vote in the Council or Executive Committee, but shall have the right to be an ex-officio member thereof.

Second, that the Secretary-Treasurer and Editor shall not be a member or members of the House of Delegates.

Third, that the Council may contract employment of a Secretary-Treasurer for a period of three years, instead of one year, as at present.

Fourth purpose, that the Secretary-Treasurer and Editor and assistants and associates may be other than doctors.

Fifth purpose, that the Chairman of the Public Relations Committee will no longer be a member of the Council or the Executive Committee.

Your committee desires that the House of Delegates understand these amendments and we, therefore, will submit them to you in an explanatory way, so that in their adoption or rejection you may decide the purport or intent of these amendments.

* * *

Your committee wishes that this House of Delegates decide whether or not the Secretary-Treasurer should be an ex-officio member without the right to vote in the Executive Committee. An affirmative vote on the **Proposed Amendment to the Constitution, No. 1**, removes the Secretary-Treasurer and Editor from the House of Delegates.

The arguments in favor of this amendment are as follows: First, at some time in the future the Secretary-Treasurer may not be a doctor of medicine or a member of our Association. The argument in favor of this amendment is that the Secretary-Treasurer and Editor is an administrative employee of the organization and not an elected, executive official. The second argument in favor is that, as a secondary action, if the proposed amendment No. 4 is passed, the Secretary-Treasurer and Editor may not at some future time be a doctor of medicine. Now, the arguments against this proposed amendment are that the presence of the Secretary-Treasurer and Editor are necessary for the conduct of business in the House of Delegates.

The exercise of voting power by the Secretary-Treasurer is of little importance, but the Secretary-Treasurer should have the right of the floor, instead of merely the privilege of the floor, for the discussion of issues or for the enlightenment of the House of Delegates concerning facts and details which often involve large financial obligations to the Association. To deprive the House of Delegates from active participation of the Secretary-Treasurer and Editor in the discussion of problems would be deleterious to the Association. Should this amendment pass, the House may be deprived at any time of the advice of the Secretary-Treasurer upon the objection of one delegate.

As the Committee is divided, and a majority thereof is opposed to the adoption of the amendment, I formally move, as chairman, that this amendment be rejected.

SPEAKER GOIN: Doctor Ruddock, the motion is hardly in order. As committee chairman, you should move that the amendment be adopted. But if you wish to explain that this is purely parliamentary, the motion should be to adopt the amendment. Then the House may adopt or reject, as they wish. We shouldn't vote on a motion to reject it. With your permission, I'll put the motion, as moved by the Committee Chairman, that the amendment be adopted. Is there a second?

DOCTOR GARLAND: Seconded.

SPEAKER GOIN: Seconded by Doctor Garland. Is there any discussion? This is an important matter now, the adoption of this constitutional amendment.

DOCTOR WILSON: Point of order, Mr. Speaker. Maybe I misunderstand English, but is not the Chairman of a Reference Committee privileged to state the majority opinion of the Committee's reaction to whether an amendment should be adopted or not. If they are opposed to it, do they of necessity have to bring in an affirmative report?

SPEAKER GOIN: The parliamentary custom is to vote on the adoption of amendments in the affirmative. It is just as easy to reject one way as the other. There's no confusion in anyone's mind as to what's being done.

DOCTOR DOUGHTY: Mr. Speaker, certainly there must be a motion before the House before it can be discussed, and that's straight to the point. You can't discuss it or you can't vote on it till it has been put. Therefore, it must be put affirmatively.

SPEAKER GOIN: That is the Chair's ruling. It doesn't really make any difference. You still vote just as you please. Is there any discussion on the adoption of this amendment? Doctor Kilgore.

DOCTOR KILGORE: Point of information. I'm still not entirely clear, even after this very lucid explanation. Will the passage, the rejection of this amendment leave the Secretary-Treasurer a member of the House of Delegates with the right to vote?

SPEAKER GOIN: If this amendment is adopted, the Secretary-Treasurer ceases to be a member of this House, with right to vote. If it is not adopted, he remains in the situation in which he is now, an elected officer, as much a delegate as anyone else. Doctor Ayres.

DOCTOR AYRES: It seems to me that the argument that at some future time the Secretary-Treasurer may not be a doctor is beside the point. It is perfectly reasonable that this Association have a doctor as a secretary-treasurer, and any time it is perfectly possible to have paid employees to carry out detailed executive work the same way that some of the county societies do. I would, therefore, urge that this recommendation be defeated, so that our Secretary-Treasurer may continue to have his vote.

SPEAKER GOIN: Any further discussion? Doctor Walker.

DOCTOR WALKER: I think we have the thing situated as it should be now. The Council has the right and has employed laymen for the work. I think we should have our secretary of the Society; we should have the value of his information at any time. I think he should be a medical man, whether he needs to be a full-time man or not. I am against this amendment to the Constitution.

SPEAKER GOIN: Any further discussion? Doctor Garland.

DOCTOR GARLAND: The members of the House should realize that the Secretary is appointed by the Council, not elected by the House. Furthermore, the members should realize that the Secretary, or any other person, can come and sit here with the House of Delegates' consent. It is inconceivable that he shouldn't be present and express his opinion at meetings of this type. It is true that, strictly speaking, as Doctor Ruddock says, the delegates could object to his presence. They might have very good reasons for doing so. Therefore, I do think that the Chairman of this Reference Committee No. 3 has unintentionally clouded the issue. This amendment was proposed, as you all know, with a very good purpose in mind. Therefore, I recommend to all of you that it be passed.

SPEAKER GOIN: Any further discussion? Ready for the question? Adoption of this amendment—an "Aye" vote, in other words, will adopt this amendment and will deprive the Secretary-Treasurer of his membership in the House of Delegates. All in favor of the adoption of the amendment say "Aye"; contrary, "No." The "Noes" seem to have it. The amendment is lost.

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CHAIRMAN RUDDOCK: In regard to **Proposed Amendment to the Constitution, No. 2**, your committee has studied this proposed amendment, which allows the *Secre-*

tary-Treasurer and Editor to be a member of the Executive Committee ex officio and allows him to participate in all discussions and all matters of business coming up before the Executive Committee. But he remains ex officio, without the right to vote. Your committee concurs in this proposed amendment and feels that, because the Secretary-Treasurer and Editor is a paid employee of the Association, it is not entirely democratic for him to pass judgment on Association affairs. Your committee is unanimous in approving this amendment, and therefore, as its chairman, I move its adoption.

SPEAKER GOIN: Moved by the Chairman of the Committee that this amendment be adopted. Is there a second?

DOCTOR GARLAND: Seconded.

SPEAKER GOIN: Seconded by Doctor Garland and various other people. Any discussion? All in favor of the adoption of this amendment say "Aye"; contrary, "No." The "Ayes" have it. The amendment is adopted.

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CHAIRMAN RUDDOCK: **Proposed Amendment to the Constitution, No. 3.** Your committee feels that this amendment is self-explanatory in that it allows the Council to *enter into contracts of more than one year, and not more than three years, for the employment of a secretary-treasurer and editor or any assistants to either.* The Committee being unanimous in its approval of this amendment, I, as chairman, therefore move the adoption of this amendment.

SPEAKER GOIN: A second?

DOCTOR ALEXANDER: Seconded.

SPEAKER GOIN: Who seconded? Doctor Alexander, Moved and seconded that this amendment be adopted. Is there any discussion? All in favor say "Aye"; contrary, "No." The "Ayes" have it. The amendment is adopted.

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CHAIRMAN RUDDOCK: **Proposed Amendment to the Constitution, No. 4.** This amendment explains itself, and refers to *qualifications for the office of secretary-treasurer and editor and assistants to each.* Your committee is divided, a majority believing that the characteristics of membership in this Association require that the office of secretary-treasurer and the office of editor should be held only by a doctor of medicine. A minority believes that the Council should have the right to appoint a layman to these offices if a layman with sufficient qualifications is available when no doctor with sufficient qualifications is available.

When the attention of the Committee was brought to the fact that Section 8, Chapter V, of the By-Laws requires that the Secretary-Treasurer shall be the chairman of the Committee on Scientific Work, which committee determines the character and scope of the scientific proceedings of the Association, the Committee was unanimous in recommending against adoption of this constitutional amendment at this time. I, as chairman, therefore move the adoption of this amendment.

SPEAKER GOIN: Explaining to the House that the Committee is unanimously opposed to it, nevertheless, formally, the Chairman moves the adoption so it may be before the House.

DOCTOR DOUGHTY: Seconded.

SPEAKER GOIN: Seconded by Doctor Doughty. Is there any discussion? If you wish to reject this amendment, you should vote "No" on the motion. All in favor, "Aye"; contrary, "No." The amendment is lost.

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CHAIRMAN RUDDOCK: **Proposed Amendment to the Constitution, No. 5.** *These amendments will eliminate the Chairman of the Committee on Public Relations from membership in the Council, membership in the Executive Committee, and as an officer of the Association, with a right to sit as a member of the House of Delegates.* The Committee is unanimous in concluding that, while excellent

work has been done by this Committee on Public Relations under its various chairmen, and most recently by Dr. Donald Cass in connection with the Basic Science Initiative, the necessity for the continuance of the chairman as a part of the Council and Executive Committee and one of the officers is not now present. The Committee also feels that the House itself, by the creation of the Committee on Public Health Education, has delegated to that committee a substantial proportion of the functions formerly exercised by the Committee on Public Relations. Your committee wishes to draw the attention of the House of Delegates to the fact that the Council has failed, since the inception of this department, to use this department and the Public Relations Committee as a subcommittee for the Council, and has in the past repeated the work of this committee, at the expense of time, energy, and money, so that the work has been of value only as a basis for duplication of the same work by the Council. It is also felt by the Committee that the Council and Executive Committee of our Association should be as small as is consistent with their proper functioning. And, therefore, the elimination of one member at this time would be a step in the right direction. Your committee is unanimously in favor of the adoption of this amendment—No. 5—and I, therefore, as its chairman, move its adoption.

DOCTOR DOUGHTY: Seconded.

SPEAKER GOIN: Seconded by Doctor Doughty. Is there any discussion on the adoption of this amendment? Doctor Newell.

DOCTOR NEWELL: I've been puzzled about this, the circularization of the amendments in CALIFORNIA AND WESTERN MEDICINE. We've just passed, we've just moved the adoption of proposed Amendment No. 2, Section 8, Article VII, "The Executive Committee shall consist of the President, Vice-President, President-Elect, Speaker of the House of Delegates, Chairman of the Council, Chairman of the Auditing Committee, Chairman of the Committee on Public Relations, and ex officio, but without the right to vote, Secretary-Treasurer and Editor." We are now asked to vote a resolution that Section 8 of Article VII, which is the same section, read, "The Executive Committee shall consist of the President, Vice-President, President-Elect, Speaker of the House of Delegates, Chairman of the Council, Chairman of the Auditing Committee, Secretary-Treasurer and the Editor," leaving out the terms, "but without the right to vote." I dare say, Mr. Speaker, that it is not correct to move an adoption of a constitutional amendment; that would have to be put through as an extra constitutional amendment. Will you rule on this? Will you explain, or have your Secretary explain, or have the Chairman of the Reference Committee explain, how to quiet the conflict between those two readings of Section 8?

SPEAKER GOIN: Well, Doctor Newell, your Speaker was just as puzzled as you are, and so he went and saw the legal department, and do you want to explain it, Doctor? Doctor Ruddock maybe can explain it to you.

CHAIRMAN RUDDOCK: Your committee, as well as the Speaker, was also confused on the same issue. So I have before me an explanation by legal counsel, and I hope that you will be able to understand it. (Much laughter.) With all due respect to Mr. Peart, I shall read his opinion:

Two of these proposed amendments relate to the same section of the Constitution. Proposed Amendment No. 2 and Proposed Amendment No. 5 both relate to Section 8 of Article VII of the Constitution. Proposed Amendment No. 2 undertakes to add to Section 8 a phrase depriving the Secretary-Treasurer-Editor of the power to vote as a member of the Executive Committee, but leaving the Secretary-Treasurer-Editor as an ex-officio member of the committee. Proposed Amendment No. 5 undertakes to amend the same section by eliminating the chairman of the Committee on Public Relations as a member of the Executive Committee, both amendments being independent and separate from each other, set forth, in their explanatory texts, Section 8 of Article VII as it existed at the time

of the introduction of the amendments, not as the section would read a year from date of introduction, if both of the amendments should be adopted. In each case each amendment also sets forth how the section would read in the event of its adoption. This explanatory text was incorporated to inform the members of the House of Delegates and of the Association of the effect of each amendment, and to inform the members of the existing texts of the sections concerned. Otherwise the members would be in a position of voting on words adding to, or deleting from, an existing section, without knowing the content of the section. Some confusion appears to have arisen by reason of the statements of the separate explanatory texts, the explanatory portion of each amendment being those words following the phrase, "so that the section will hereafter read as follows." It must be remembered that these proposed amendments are separate amendments, and that each of them is directed to the text of the section as it existed a year ago and as it still exists until the adjournment of this session of the House of Delegates. If only one is adopted, the existing text is amended to that extent. If both are adopted, the existing text is amended to the extent provided for in the enacting clause of the amendment. So that you may understand what each amendment does, may I call to your attention that proposed Amendment No. 2 contains in its enacting clause the addition of the following words to Section 8, "an ex officio without the right to vote," and that proposed Amendment No. 5, in its enacting clause, deletes from Section 8 the following words, "and the Chairman of the Committee on Public Relations." Therefore, if No. 2 is adopted, the words I have just quoted will be added to Section 8. If No. 5 is adopted, the words I have just quoted will be stricken from Section 8. If both are adopted, under the two enacting clauses, the words that I have quoted for Amendment No. 2, namely, "and ex officio, but without the right to vote," will be added to the section at the same time that the words that I have quoted from Amendment 5, namely, "and the Chairman of Public Relations," will be deleted from that section.

DOCTOR WILSON: That's what we pay \$4,000 a year for. (Much laughter.)

CHAIRMAN RUDDOCK: It is necessary to remember that the enacting clause in each proposed amendment is the governing clause of each thereof, and it is also necessary to remember that the explanatory clauses in each amendment following the words, "so that the said Section will hereafter read as follows," speak as of May, 1940, not as of May, 1941. And in the event of the adoption of both amendments, must and will be combined. To vote otherwise would mean that two or more proposed amendments to the same section would have to be combined and voted on together by the House of Delegates, rather than separately. This would deprive the members of the individual right held by each of them to vote on each particular point, and would require them to vote on several points lumped together. Members might favor one and oppose another, and not have an opportunity to express themselves." Now, you have heard the legal opinion. I will now tell you what this means from a lay standpoint. (Laughter.)

It means that if you have adopted No. 2, that under No. 2 you have removed as a member of the Executive Committee the Secretary—but, you—that is—(much laughter), you've removed the right to vote from the Secretary-Treasurer. If you take No. 5 and adopt that, you remove the public relations man.

SPEAKER GOIN: Well, now you see it is just as clear as it can be. Mr. Peart will forgive me if I remind you of that neat little department in the *New Yorker* entitled, "The Department of Utter Confusion." (Laughter.) Nevertheless, the Chair rules that there is no discrepancy in the two amendments, taking legal counsel's advice for it. Your recommendation was what, Doctor Ruddock? Have you made a recommendation on this section?

CHAIRMAN RUDDOCK: Your committee is unanimously in favor of the adoption of this Amendment No. 5, and I as its chairman, therefore, move that it be adopted.

DOCTOR DOUGHTY: Seconded.

SPEAKER GOIN: Seconded by Doctor Doughty. Is there any discussion? Doctor Newell.

DOCTOR NEWELL: I guess, Mr. Speaker, I'm just plain dumb. But I still, in spite of the reading by Legal Counsel,

I can't understand how we can have it read one way one time and change it to another reading and have it mean the same thing. Is it not possible to vote on both matters of proposed Amendment No. 5 separately. The first resolution be voted on separately, and "be it further resolved" be voted on afterwards?

SPEAKER GOIN: Well, Doctor Newell, will it help you any to know that you've got lots of company in your confusion? But, nevertheless, the Legal Department says that this is the way to do it. The Chair rules that it is in order. Are you ready for the question? The question is now on the adoption of this amendment. Doctor Lee.

DOCTOR LEE: Mr. Chairman and Members of the House of Delegates, is the Editor and Secretary-Treasurer ex officio, but without the right to vote or not?

SPEAKER GOIN: That's been adopted. Yes. Are you ready for the question? All in favor of the adoption of this amendment say "Aye"; contrary, "No." It's carried and adopted.

CHAIRMAN RUDDOCK: With regard to **Proposed Amendment to the Constitution, No. 6.** This amendment deals particularly with the *method of election of delegates and alternates to this House.* It proposes the election of delegates and alternates by any equitable method selected by each component county society, and provides that delegates and alternates shall not be elected by the Council, Board of Directors, or other governing bodies of the county societies.

Your committee feels that this amendment would not function properly, that it would be impossible to comply with its terms, and that they consider it would cause an untold interference in the internal affairs of the several component societies, especially in the larger counties. The committee is unanimously opposed to this amendment. I, therefore, as chairman move its adoption. (Laughter.)

DOCTOR MYERS: Seconded.

SPEAKER GOIN: The motion is seconded by Doctor Myers. To reject this amendment, that is to comply with the committee's request, you will vote "No." All in favor of the adoption say "Aye"; contrary, "No." The amendment is lost.

CHAIRMAN RUDDOCK: With regard to **Proposed Amendment, No. 7.** The reading of this amendment will make its purpose very clear. It is that *no officer of a component county society can hold office in the State Association.* The Committee is unanimously opposed to this amendment, believing that in smaller county societies, particularly, that their officers may hold office in the State Association, and that, furthermore, the question is one that would solve itself without constitutional interference. Your committee is unanimous in its position on this amendment to the Constitution, and we are unanimously against it. I, therefore, move its adoption.

DOCTOR LARSON: Seconded.

SPEAKER GOIN: Seconded by Doctor Larson. All in favor say "Aye"; contrary "No." The amendment is lost.

CHAIRMAN RUDDOCK: With regard to **Proposed Amendment to the Constitution, No. 8.** This amendment *provides for the creation of a new class of members—to wit, life members—and provides for their qualifications and rights and obligations.* The Committee is unanimous in favoring the amendment, believing that by its means members in their productive years will be in a position, if they so desire, to acquire such membership, to be relieving themselves of possible embarrassment in later and less productive years.

This type of membership will affect the State Association only, and not membership in the component county societies.

The committee in its consideration of this amendment feels that, in the event of its adoption, officers of our Association should bring the matter to the attention of the various county societies, who might see fit to adopt a similar class of membership in their component county societies.

The committee is unanimous in its approval of this amendment, and I, therefore, as chairman move its adoption.

DOCTOR LARSON: Seconded.

SPEAKER GOIN: Seconded by Doctor Larson. The question is on the adoption of this amendment providing life membership. Is there any discussion? Doctor Wilson.

DOCTOR WILSON: Mr. Speaker, the President of the Council has just brought up the question as to whether a man might be a life member and still be in jail, a criminal, or an abortionist, and whether or not we could sever his connection with the Association. I think his question is quite well put.

SPEAKER GOIN: The same question occurred to your Chairman, who consulted the Legal Department, and the Legal Department assures us that is not the case, any more than it is now, pointing out that when one has bought a membership for one year, he's bought a property right and still can be deprived of it, and that he could be deprived of it then. Is that a fair statement, Mr. Peart.

MR. PEART: Correct.

SPEAKER GOIN: Does that answer your question? Any discussion? Ready for the question? All in favor of the adoption of this amendment say "Aye"; contrary, "No." Carried, and the amendment's adopted.

CHAIRMAN RUDDOCK: Mr. Speaker, I move the adoption of this portion of the report.

SPEAKER GOIN: The section of the report containing the amendments is now moved for adoption.

DOCTOR LARSON: Seconded.

SPEAKER GOIN: Seconded by Doctor Larson. Any discussion? All in favor say "Aye"; contrary, "No." The "Ayes" have it. This section of the report is adopted.

CHAIRMAN RUDDOCK: At this time we will take up the *Resolutions.* You have copies in your hands. On the first page there has been a clerical error, in that the original resolution has been left out.

Referring to California Physicians' Service, known as Resolution 1 and Resolution 3, the Committee feels that these resolutions should be handled separately, and not combined.

California Physicians' Service—Resolution No. 3 and Substitute

The Committee feels that Resolution 3, presented by Dr. A. A. Alexander of Alameda County, should have your first consideration. The resolution is as follows: (This is not on your copy.)

WHEREAS, Definite objections to and criticism of certain features in the present set-up and functioning of California Physicians' Service are held by a goodly number of the members of the California Medical Association; and

WHEREAS, It is to the advantage and to the best interests of the Board of Trustees of California Physicians' Service to be advised of the current opinions held among the members of the California Medical Association with regard to California Physicians' Service; and

WHEREAS, The successful functioning and welfare of California Physicians' Service is of major importance to the members of the California Medical Association and to the beneficiary members of California Physicians' Service and to the professional members who serve them; and

WHEREAS, It is to the interest of the members of the California Medical Association to be frequently advised as to the problems of California Physicians' Service, and as to proposed or actual changes in its policies or in its operation; therefore be it

Resolved, That the House of Delegates give consideration to and take action upon the appointment of committees to be known as coordinating committees for the various

councilor or other designated areas of the California Medical Association, to confer with, upon appropriate occasion, the Board of Trustees of the California Physicians' Service.

(1) The size of these committees and the manner of their appointment shall be suggested by the Reference Committee of the House of Delegates.

(2) The functions of these committees shall be to confer with the Board of Trustees of the California Physicians' Service for the purpose of bringing to their attention the various reactions to their plans from the respective committee areas, and to offer such assistance as may be useful to or necessary for the furtherance of the plan as it stands, or to afford such suggestions as may be considered pertinent to the modification of the plan to make it more workable.

Your committee offers at this time a *substitute resolution*, which reads as follows:

WHEREAS, The successful functioning and the welfare of California Physicians' Service are of major importance to the members of the California Medical Association and to the beneficiary members of California Physicians' Service and to the professional members who serve them; and

WHEREAS, Incomplete and often inaccurate information in the organization, policy, problems, and functioning of the California Physicians' Service have resulted in many important misunderstandings on the part of many members of the professional staff who are also members of the California Medical Association; and

WHEREAS, It is to the advantage and to the best interests of the Board of Trustees of the California Physicians' Service to be advised of the current opinions held among the members of the California Medical Association with regard to California Physicians' Service; and

WHEREAS, It is to the interest of the members of the California Medical Association to be frequently advised as to the problems of California Physicians' Service and as to proposed or actual changes in its policies or in its operation; therefore be it

Resolved, That the House of Delegates instruct the Council of the California Medical Association to request each component county society of the California Medical Association to immediately appoint a committee to be known as a coordinating committee, to confer upon appropriate occasion with the Board of Trustees of the California Physicians' Service.

The size of these committees shall consist of not less than three members nor more than five members, and their appointment shall be for one year.

Each component county society shall report the names of these committee members to the Council of the California Medical Association and the Board of Trustees of the California Physicians' Service.

The function of these committees shall be to contact the Board of Trustees of the California Physicians' Service for the purpose of bringing to their attention the various reactions to the plan from their respective committee areas, and to offer such assistance as may be useful to or necessary for the furtherance of the plan as it stands, or to offer such suggestions as may be considered pertinent to the modification of the plan, as instructed by their respective committee areas. It is further suggested that these committees report to their component county societies monthly, such report to embody the current policies and functions of the California Physicians' Service. The names of the members of these committees shall be published in each issue of CALIFORNIA AND WESTERN MEDICINE.

Your committee recommends "Do pass," and I, as its chairman, therefore move the adoption of this *Substitute Resolution*.

DOCTOR SHEPARD: Seconded.

SPEAKER GOIN: Seconded by Doctor Shepard. The motion is on the adoption of the substitute resolution. Any discussion? All in favor of the adoption of the substitute resolution say "Aye"; contrary, "No." Carried, and it is adopted.

California Physicians' Service—Resolution No. 1

CHAIRMAN RUDDOCK: Resolution No. 1, regarding California Physicians' Service:

WHEREAS, Many of the problems that have arisen in the development, expansion, and administration of California Physicians' Service have been the subject of discussion by many interested members of the profession, these problems, including details of fee schedules, income groups to which the Service should be available, certain contract provisions, extension of the Service in various areas of the

state, nature and extent of routine physical examination, and inclusion of families; and

WHEREAS, The Board of Trustees of California Physicians' Service has requested the advice of the House of Delegates, as a representative body, through which the crystallized opinion of the medical profession can best be expressed; and

WHEREAS, We find ourselves in a time of very rapid and profound changes in economic status and of geographical concentration of great numbers of people, with changes in wage levels, changing costs of living, new tax burdens, etc., and no one can tell how far or how rapidly these changes will go; and

WHEREAS, Under these conditions it would be unwise to tie the hands of those responsible for California Physicians' Service; therefore be it

Resolved, That the House of Delegates reaffirm its confidence in the conduct of the affairs of the California Physicians' Service and leave to the Board of Trustees and administrative members the details of its policy and administration.

Your committee recommends "Do pass," and I therefore, as its chairman, move the adoption of this resolution.

DOCTOR BEST: Seconded.

SPEAKER GOIN: Seconded by Doctor Best. The motion is on the adoption of the resolution as presented by the Chairman of the Committee. Is there any discussion? Doctor Kilgore.

DOCTOR KILGORE: Mr. Speaker and members of the House of Delegates. I hesitate a good deal to take advantage of my membership in the House of Delegates to take up your time. I particularly request that you will not take what I have to say as an argument in favor of the adoption of the resolution, expressing confidence in the Board of Trustees of the California Physicians' Service. It does seem to me, however, very obviously, that these resolutions pertaining to the California Physicians' Service should not pass this House of Delegates without opportunity, and plenty of opportunity, for the expression of opinions about it by members of the House of Delegates.

We were accused, this House of Delegates was, and that accusation has gravitated down to the Board of Trustees of California Physicians' Service, of railroading through the House of Delegates the organization and plan in the first place.

And we should, it seems to me, tonight, at all costs, avoid placing ourselves in the position again of being accused by our own members of having railroaded through a resolution of confidence in the operations of California Physicians' Service. Now, while you are thinking up and rounding into shape some of the brickbats to toss, may I take just a few moments very briefly to outline, in the way of information, for your guidance—if you care to use it in voting upon this amendment, or in discussing it—one or two or three of the developments that have come during the first twenty months of operation of this Service, and very briefly, for the Board of Trustees, their concept of the immediate future and its developments.

I think I'll stop at this point and ask the House if it cares to have ten or fifteen minutes' time devoted to that, Mr. Speaker. I certainly don't want to impose myself on this House against its will.

SPEAKER GOIN: How does the House concur in Doctor Kilgore's opinion? (General assent.)

CALIFORNIA PHYSICIANS' SERVICE

DOCTOR KILGORE: It seems to us that the need for an organization of this kind is no less today than it was two years ago or more, when the House of Delegates authorized its formation, a need for an organization providing machinery whereby, under the control of the medical profession of California, we can extend our services to groups in the very low-income classes in the community, either directly or for the Federal Government or other agencies responsible for those people. We needed this organization, frankly, for a defense against the possibility or probability of adverse legislation which would threaten the ruin of medical service to the people of California. Third, we

needed a defense against the increasing absorption by commercial, closed-staff, health insurance organizations. It is worth our while at this stage, twenty months after we began operations, to take stock of what this organization has accomplished along these three lines.

The first one—the extension of medical care to low-income groups, very low-income groups—through the mechanism of this organization. We are happy to report, as I think you already know, that within the past few weeks arrangements have been completed with the Farm Security Administration to begin a service to their clientele, a group of 250 or more farm families, beginning in three areas of the State, and probably to extend farther in the near future, families with incomes averaging a maximum of about \$750 a year.

Other possibilities for service in this connection to the Government, and to people for whom the Government assumes responsibility, have come to our attention. They have not yet reached the stage that this particular one has, but others will doubtless be along. The particular one we've had negotiations with the Government about has been in connection with the National Youth Administration. We're not able to report a definitive arrangement with that organization yet, but we may, we hope to be able to do so in the future.

As a defense against the enactment of adverse legislation, legislation which would, as we believe, ruin the practice of medicine, I will refer you to our Legislative Committee and its chairman. If you care to, ask them what they believe the value of California Physicians' Service has been in this particular field.

And, finally, as a defense against the absorption of our medical practice by commercial, health-insurance groups, I would call your attention to a situation which I think is not generally recognized. During the fall of 1939, when we were first going after memberships in California Physicians' Service, we met bitter competition from some of the closed staff, commercial, health insurance organizations. It was our understanding that a large for-profit clinic, with headquarters in Los Angeles, contemplated the opening of branches in San Francisco and Los Angeles, and proposed to do so upon securing one thousand applications. They did secure seven hundred applications during the drive for the State Employee Association's membership. No one can say positively, but it's my firm conviction at least, that if it had not been for California Physicians' Service and its activities at that time we would now have the for-profit group of Los Angeles operating in the Bay area. As a matter of fact, we do not have them. Now, for one or two of the aspects of the operations of California Physicians' Service which have obviously been very largely in the minds of the men who have been doing the work. The immediate relationships of a doctor and his particular patient at the moment very naturally loom larger than the long-distance goal that we can see ahead in this organization.

It would be a fool who would think that a service of this kind—new, extensive, rather radical in the changes that it contemplates in the patient-physician relationship—could be organized and set going without irritations and unhappiness arising. One of the greatest of these has been the fact that we have found, coming to our offices, patients who were our private patients before, some of them with incomes obviously above the level which would justify our caring for them at rates that we get from California Physicians' Service.

I tried to explain the attitude of the Trustees toward the inclusion in this Service of individuals with incomes above the \$3,000 limit, which was set as a limit for complete service. It was the experience in the Pacific Northwest that the acquisition of desirable groups was materially handicapped if it was not possible to take in all the employees, including a few of them in the organization whose incomes were above the \$3,000 level. It was abso-

lutely necessary, if this organization were to survive, to acquire a volume of membership rapidly. This House of Delegates allocated \$15,000, dues from individual doctors aggregated between \$25,000 and \$30,000, and the Association found that it was possible to lend an additional \$20,000 or so, but not much more. We had to reach a basis sufficiently large in volume to carry, on a reasonable percentage, the necessary overhead without breaking the California Association, and without, if possible, asking for additional funds from individual members of the Association.

Now, \$60,000 sounds like a good deal to some of us, but, as a matter of fact, to organize a corporation of five thousand doctors from Yreka to San Diego, to set up the machinery involved in this, to do it under the conditions into which we were forced in the spring of 1939, for that purpose \$62,000 was a drop in the bucket. Any commercial insurance company of the same size, contemplating the same volume of work, would spend \$250,000. It was absolutely necessary that we secure a volume of beneficiary members rapidly enough to reach a self-sustaining basis, as far as overhead was concerned. There was taken in a small, but definite, percentage of individuals whose incomes were above \$3,000.

Now I have to make a personal confession here. I thought, and thought honestly, that with a provision that an additional fee to make up the ordinary charge which a doctor would make beyond what he received from California Physicians' Service to those patients whose incomes were above that level would work satisfactorily. And I got that idea, I think, from the experience that we'd had in San Francisco with the Municipal Employees' Health Service. It was a common thing for patients in the better income groups of that Service to volunteer to the doctor what they didn't expect to get service for the amount that he would be paid by the system. They wanted, in addition, a bill, and many patients had that relationship with their doctor very satisfactorily. I am convinced now that that was true because that aspect of the Service had such widespread publicity in San Francisco that it was called largely to the attention of the beneficiary members of the Service. That has not been true of California Physicians' Service throughout the State and, in short, I am fairly convinced that I was in error.

The inclusion of individuals above that limit has proved to be a source of irritation to the doctor, a source of irritation to the patient, a source of unhappiness as between the doctor and the patient, and the patient and the central office of the California Physicians' Service. We now have 1,400 groups under contract. We have—incidentally, a type of service being furnished by the doctors of this State to 1,400 groups such that not a single group has canceled its contract so far, which is a fair indication that they're being served pretty well. We are an established and going organization, financially sound.

It's much easier to sell it now than it was in the fall of 1939, believe me, and for the Trustees, I would like to say that we believe the time has come when we can go still further than we have gone even in the past several months in restricting, if not absolutely excluding, from further participation, further enrollment in the Service, any individuals above the level of \$3,000. For medical care, of course, it's possible for these people to participate in the Service that's offered by taking the hospitalization part of the contract, with good feeling on everyone's part.

There has arisen, as you all know, the suggestion from several parts of the State that the income level of \$3,000 should be more or less drastically reduced. I offer one or two considerations in this connection. In the first place, it is the people in the income group of from \$2,000 to \$3,000, who are modest in their insistence upon a means of spreading the cost of medical care. The really medically indigent get service now. We give it to them free. If you think that it is easy to discharge a large medical bill or surgical bill in a case of illness, if you are support-

ing a family on an income of \$2,000 to \$2,400 or even \$3,000 a year—and I have tried to do that, so that I know what I'm talking about—it is no easy task. I am sure that this group doesn't need some means of spreading the cost of medical care as much as the group a little below that. The second consideration—and this is a very practical one for us to consider—is where will these people go if they cannot come to California Physicians' Service? It irritates me, as has happened, to have a government employee who has been my patient for years before at an income around this level come into the office now and bring a California Physicians' Service card with him. But I just stop to wonder whether I would rather have that man with a California Physicians' Service card, or not have him at all. The fact of the case is that in the Los Angeles area, for instance, where we have some 1,100 teachers—this group belongs largely around the \$2,000 to \$2,400, and a few of them up to the \$3,000 level—when they were coming in, the question was not whether they would or would not accept some form of medical insurance. The question was in the minds of the vast majority of these school teachers whether they would join California Physicians' Service or join with us. And, finally, the Trustees are much concerned, naturally, at this particular stage with the effect upon further growth of California Physicians' Service by a drastic cut in the income level. We don't know. It's anybody's guess, how much it would affect the further growth. We are pretty sure that it would affect it somewhat, and, as I say, nobody knows.

And, finally, I think we have to consider the effect upon our public relations generally of a sudden and drastic cut in the income level. If this House of Delegates were to offer its advice by an overwhelming vote that the income level be cut, I have no doubt but that the Trustees of the California Physicians' Service would feel impelled to accede to that advice. Unless so instructed, the Trustees of California Physicians' Service, I am sure, would feel that at this particular time it would be unwise to make that flat reduction at the moment.

At the same time, I think it's only fair to say that our feeling about this is the same as the feeling of everybody else who has taken care of these patients, that the present payments to doctors under California Physicians' Service are not appropriate for people in this particular income bracket.

We propose, we hope to see this situation, this relationship, corrected in a couple of ways. In the first place, by the issuance of a new type of contract, which we have had ready since the first of the year, which will be actually ready for sale, we hope, in another thirty days, as soon as the hospital associations get through with the routine of getting approval of the Insurance Commissioner's office for their part of it, of a much cheaper contract with limited service, one that will sell in the neighborhood of \$1.25, or \$1.20, a month, instead of \$2.50 a month, and we are fairly convinced from experience in the East, in the Northwest, and insurance companies' experience, that this type of contract will appeal and can be sold in larger volume to employees of industry in really low income groups. And that this will result gradually in a shift of the proportion of our patients who are in low-income groups with those who are in the higher income groups under \$3,000.

And another aspect of this which is worth our consideration is that we are already making changes in groups that we have under contract now, whereby a much higher proportion of low-income people is being included. For example, one of the large department stores in San Francisco took out a contract involving only two of its departments at first. In those departments there were a relatively large proportion of individuals with incomes around \$2,400 or \$3,000 a year. With the experience of those groups, and the satisfactoriness of the Service, it was possible within the last two or three months to go back into that department store and secure a large additional

membership among the salesgirls, whose incomes average about \$16 to \$18 a week.

Finally, if you will bear with me just one moment more, may I offer some help, at least some hope, of an increase, a steady but gradual increase, in unit value from general current levels, not tomorrow or the next day, but over a period of the next two or three years, for certain very specific reasons. And I want to name a few of these. One is the reduction in overhead. We already have volume enough to bring our overhead down to about 22 per cent. There is every reason to believe that with increasing volume, overhead not increasing in proportion because we have the mechanical equipment, it isn't necessary to get any more for it, the proportion of overhead will be very much less than the proportion of new members, we shall get that down to 12 or 15 per cent, perhaps down as low as 10 or 11 per cent. That can go into medical service. In the second place, it has been the experience throughout the Northwest of the older organizations now from six to eight years in operation, that every new group they take costs from 50 to 100 per cent more to take care of it in the first year or two years of service than it does thereafter. Damasch at Portland has charts that show that for every single group they have under contract, it's practically universal. All our groups are under two years old, most of them under one year old, so that during the next two or three years we should have the benefit of that decrease in cost. The Trustees have made certain contract changes, which don't materially reduce the legitimate benefits of California Physicians' Service contracts to the beneficiary members, but which will in the aggregate reduce the cost of the Service.

And, finally, one item which is worth considering. We had to divide our \$2.50 membership fee into a certain proportion for hospitalization and the rest of it for medical care. The hospital associations up to that time had found it necessary to charge 80 cents per month for hospitalization. With the increase in volume of their service, the improvement in their group relationships which has gone on—they've been operating longer than we have, with the reduction in their overhead—they have finally come to the point, at least the northern association has—it is the older one—at which they believe they can furnish the same service under the same contract for about 65 cents a month instead of 80 cents a month. And it is to be expected that that additional 15 cents will go into the payments for medical care.

I could name several other items which I won't bore you with, but I do want you to feel that we have specific and definite reasons for believing that we are suffering right now, particularly at the end of these payments for this influenza epidemic, what we hope is the lowest unit value that any of us will take in the future.

Finally, may I emphasize one thing. If you are to continue with this Service, if we are to continue to operate it, will you, please, yourselves, and ask your constituents to, exercise a little patience? We cannot work miracles suddenly, whether we can work them at all or not; it does take time for some of these changes that I have mentioned specifically. If you will exercise patience, I think you will find that the unit value which, after all, is the essential matter in the question of income limits, and so forth, will improve to reasonably satisfactory levels.

SPEAKER GOIN: The question now is on the adoption of the resolution as presented by the Reference Committee. Are you ready for the question? All in favor of the adoption of the resolution say "Aye"; contrary, "No." The "Ayes" have it. The resolution is adopted. (Much applause.)

Amendment—New Members

CHAIRMAN RUDDOCK: With regard to Resolution No. 2, regarding new members who are elected during the last six months of a calendar year. This is a proposed amend-

ment to the by-laws of the California Medical Association, relating to dues of new members:

Resolved, That Section 1 of Chapter X of the by-laws of the Association, the California Medical Association, is hereby amended by adding to said Section 1 a new paragraph, designated as subparagraph (d), reading as follows: "(d) Dues of New Members; Amount Payable. All Doctors of Medicine becoming active members of this Association under the provisions of Section 1 of Chapter II of these by-laws shall, as provided in Section 1 of Chapter II, pay to this Association the annual dues payable by active members for the period for which membership is obtained, except that the Council, in its discretion, with respect to all new members who acquire membership after July 1 in each year, require payment of only one-half of the annual dues, shall entitle such new member to all the rights of active membership in this Association until the end of the current calendar year."

Mr. Speaker, your committee sees the reasonableness of this proposed amendment to the by-laws and recommends "Do pass." I, therefore, as chairman, move its adoption.

DOCTOR BAILEY: Seconded.

SPEAKER GOIN: Moved by the Committee Chairman, seconded by Doctor Bailey. The question is on the adoption of this amendment to the by-laws. Ready for the question? All in favor say "Aye"; contrary, "No." The "Ayes" have it. Amendment's adopted.

Amendment—Needy Members

CHAIRMAN RUDDOCK: Resolution 4, resolution concerning *special funds for aid to needy members*:

WHEREAS, The by-laws of this Association, California Medical Association, were amended by the House of Delegates on May 8, 1940, by adding Section 23 to Chapter V of said by-laws, providing for a committee on aid to needy members, and providing a special fund for said committee; and

WHEREAS, Under said Section 23 of Chapter XXV the Council may allocate funds from the general fund of the Association to this special fund for aid to needy members; and

WHEREAS, This House of Delegates of California Medical Association earnestly desires that the Committee on Aid to Needy Members be provided with necessary funds; now, therefore be it

Resolved, That the Council is hereby requested and instructed to transfer from the general funds of the Association to this special fund for aid to needy members a sum equal to \$1 per each and every active member of the Association; and be it further

Resolved, That the Council is hereby requested to carry out the provisions of this resolution at as early a date as possible, so that the Committee on Aid to Needy Members may have an existing fund with which to carry out its functions and duties.

Your committee has felt it desirable to add the following additional paragraph:

And be it further

Resolved, That the Committee on Aid to Needy Members be instructed to study all existing plans, with special reference to the application of the insurance principle and purchase of same if feasible for regularly organized companies.

Mr. Speaker, your committee recommends "Do pass" for this resolution as amended, and I, therefore, as its chairman, move its adoption.

DOCTOR GARLAND: Seconded.

SPEAKER GOIN: Seconded by Doctor Garland. The question is on the adoption of this resolution. Are you ready for the question? All in favor say "Aye"; contrary, "No." The "Ayes" have it. Resolution is adopted.

Resolution No. 5—Industrial Accident Commission

CHAIRMAN RUDDOCK: On the copies which you have in your hands there has been a clerical error in regard to Resolution No. 5. There has been left out the first "Whereas," which I will read. Your committee feels that this resolution is self-evident and needs no explanation:

WHEREAS, The rising cost of medical practice is placing an unjust burden upon the physician where fees are fixed, as in industrial accident cases; and

WHEREAS, The present fee schedule employed by the Industrial Accident Commission of the State of California has, except for minor modifications, remained unchanged since its adoption in 1913, and all other factors in living have risen considerably; and

WHEREAS, The California fee schedule is lower than that of comparable states; therefore be it

Resolved, That the President of the Association appoint a committee of three members to appear before the Industrial Accident Commission at an early date and request a revision in the fee schedule to fit the requirements of present-day medical practice.

Mr. Speaker, your committee recommends "Do pass," and I, as its chairman, move the adoption of this resolution.

DOCTOR DOUGHTY: Seconded.

SPEAKER GOIN: Who seconded? Seconded by Doctor Doughty. The question is on the adoption of this resolution. Is there any discussion? All in favor say "Aye"; contrary, "No." The "Ayes" have it. The resolution's adopted.

Resolution No. 6—Contract Practice

CHAIRMAN RUDDOCK: With regard to Resolution No. 6, there is an error that appears upon your copy, inasmuch as the resolution is incomplete at the end. You can follow me in my text. *Resolution Regarding Medical Relations of the Workmen's Compensation*:

WHEREAS, There are now before the California Legislature two measures, A. B. 1760 and S. B. 644, to forbid insurance companies to contract with doctors for medical care of injured workers on the basis of a percentage of the gross premiums, or a percentage of the employer's pay roll, these bills specify that contracts for medical service must not contain fixed charges below those set as reasonable by the Industrial Accident Commission, and declare it unlawful to rebate any employer or insurance carrier money received for medical service; and

WHEREAS, These bills recommend rules of conduct and ethics which the medical profession has always upheld; now, therefore be it

Resolved, That the House of Delegates approve the substance of these measures and recommend their passage at the present session of the Legislature.

Your committee *substitutes* the following resolution:

WHEREAS, The contract practice of medicine has always been opposed by organized medicine, as contrary to the rules of conduct and ethics which the medical profession has always upheld; and

WHEREAS, Certain insurance carriers operating in the state are now, or have been, contracting with certain physicians for care of injured workers on a basis of a percentage of the gross premium or upon the basis of a percentage of the employer's pay roll; and

WHEREAS, Such practice may, and frequently does, result in inadequate and sometimes harmful medical care, particularly when such contract requires the physician to furnish not only medical service, but also hospital service, drugs, supplies, dressings, etc., paid for by the physician from his percentage of the gross premium or the employer's pay roll; now, therefore be it

Resolved, That the House of Delegates of the California Medical Association reaffirm their continued stand in faith in the rules of conduct and ethics preventing such contract practice; and be it further

Resolved, That the House of Delegates instruct the Council of the California Medical Association, through its Legislative Committee, to support the S. B. 644 and A. B. 1760 in the form of their original presentation, or as amended, provided that the amendments, in the opinion of the Legislative Committee, do not destroy the intent of the bill.

Comment: These bills, if passed in their original form, would give legal background to the principles and ethics as held by organized medicine. Mr. Speaker, your committee recommends "Do pass," and I, as its chairman, move the adoption of this substitute resolution.

DOCTOR DEWEY: Seconded.

SPEAKER GOIN: Who seconded? Seconded by Doctor Dewey. Is there any discussion on this? Doctor Wilson.

DOCTOR WILSON: Mr. Speaker, if I'm not mistaken, the code of ethics of the American Medical Association states that contract practice is not unethical as such, but only certain phases of it that may affect public welfare over a long period of time. I would question the opinion of the

Committee on the assertion that contract practice of medicine has always been opposed by organized medicine as contrary to the rules of conduct and ethics of the medical profession. I believe that contract practice is susceptible to a good deal of variance in definition and procedure.

SPEAKER GOIN: Any further discussion. Doctor Best.

DOCTOR BEST: Mr. Speaker, may I call the House's attention to the fact that the American Medical Association says that contract practice *per se* is not unethical.

SPEAKER GOIN: That's correct. Any further discussion?

CHAIRMAN RUDDOCK: Inasmuch as we've heard the discussion concerning possible illegality of the first "Whereas" in this substitute resolution, I, as the chairman of the Committee, will therefore amend by deletion of the first paragraph in the substitute resolution.

SPEAKER GOIN: Well, I don't believe, Doctor Ruddock, you can do that as the Committee Chairman, but any other member of the House can move such an amendment.

DOCTOR GARLAND: I so move.

SPEAKER GOIN: Moved by Doctor Garland.

DOCTOR LEE: Seconded.

SPEAKER GOIN: Seconded by Doctor Lee. The motion is now to amend the proposed resolution by striking therefrom the first "Whereas." Ready for the question? All in favor say "Aye"; contrary, "No." The "Ayes" have it. The question now is on the adoption of the resolution as amended. Are you ready for the question? All in favor say "Aye"; contrary, "No." The "Ayes" have it. The amended resolution is adopted.

Resolutions Nos. 7 and 11—Military Service

CHAIRMAN RUDDOCK: With regard to Resolution No. 7 and No. 11. These resolutions deal with the same subject, which is regarding the practice and positions of physicians called to military service, and their rehabilitation upon demobilization.

Resolution No. 7 reads as follows:

WHEREAS, The present national emergency is calling more and more practicing physicians and surgeons away from their practices to join the armed forces; and

WHEREAS, Numerous young physicians and surgeons who have never practiced are going directly into the armed forces; and

WHEREAS, The nature of private practice of medicine and surgery is such that the demobilized members of the profession are not given the same assurance of security on their return to civil life as either employed citizens or those members who are not called into the armed service but remain in practice; therefore be it

Resolved, That the Council of the California Medical Association immediately study plans for special means to aid in rehabilitating demobilized members of the medical profession in the State of California.

Resolution No. 11 reads as follows:

WHEREAS, The national emergency requires the services of many physicians who have been holding hospital and other staff positions; and

WHEREAS, It is the desire of their colleagues and all other patriotic citizens to see that the practices and positions of such men are maintained until their return, in so far as such is practicable; now, therefore be it

Resolved, That the Council and the House of Delegates of the California Medical Association take all reasonable steps to assist colleagues called to duty, and to see that the practices of those colleagues are protected as far as possible either by arranging for consultative service under conditions whereby the identity of the absent physician's practice is maintained or by seeing that competent assistants are appointed; and be it further

Resolved, That the Council and the House of Delegates of the California Medical Association request the hospital associations of California to recommend to their component units that suitable resolutions be adopted, the purport of which shall be that the maintenance of the staff or other appointments of local physicians should be assured until their return in good health from military service; and be it further

Resolved, That physicians working in hospitals called to duty shall, if possible, be given the opportunity to select their substitutes, the appointment of whom shall be subject to the approval of the hospital staff.

Your committee proposes a *substitute resolution*, embodying the intent and purposes of these two resolutions. The substitute resolution will read as follows:

WHEREAS, The national emergency requires the many physicians who have been holding hospital and other staff positions; and

WHEREAS, It is the desire of their colleagues and of all other patriotic citizens so that the practices and positions of such men are maintained until their return, in so far as such is practicable; and

WHEREAS, The nature of private practice of medicine and surgery is such that the demobilized members of the profession are not given the same assurance of security on their return to civil life as either employed citizens or as those members who are not called to the armed services but remain in practice; now, therefore be it

Resolved, That the Council of the California Medical Association immediately study plans for special means to aid in rehabilitating the demobilized members of the medical profession in the State of California; and be it further

Resolved, That the Council and the House of Delegates of the California Medical Association take all reasonable steps to assist colleagues called to duty and to see that the practices of those colleagues are protected as far as possible, either by arranging for consultative service under conditions whereby the identity of the absent physician's practice is maintained, or by seeing that competent assistants are appointed; and be it further

Resolved, That the Council and the House of Delegates of the California Medical Association request the hospital associations of California to recommend to their component units that suitable resolutions be adopted, the purport of which shall be that the maintenance of the staff or other appointments of local physicians should be assured until their return in good health from military service.

Your committee recommends "Do pass," and I, as its chairman, move the adoption of this *substitute resolution* for Resolutions 7 and 11.

SPEAKER GOIN: Adoption of the resolution was moved by the Committee Chairman.

DOCTOR BENNETT: Seconded.

SPEAKER GOIN: Seconded by Doctor Bennett. The question is on the adoption of the substitute resolution as presented by the Committee. Are you ready for the question? All in favor say "Aye"; contrary, "No." The "Ayes" have it. It's carried. The substitute resolution is adopted.

Resolution No. 8—Selective Service

CHAIRMAN RUDDOCK: Resolution No. 8.

WHEREAS, The great majority of citizens engaged in national defense activities is compensated by the Federal Government for their time and effort; and

WHEREAS, The physicians who have examined prospective service men for the various draft boards are required to spend a considerable amount of time for which they receive no compensation, resulting in a hardship for those who volunteer for this type of work; therefore be it

Resolved, That the House of Delegates of the California Medical Association instruct its delegates to the American Medical Association to introduce a resolution in the House of Delegates at the forthcoming convention of the American Medical Association, proposing to the Federal Government that physicians serving as examiners for the draft boards receive compensation for such work.

Your committee feels that this resolution should be divided into two separate resolutions, which will be substituted for the foregoing resolution:

First Substitute, Number A:

WHEREAS, The great majority of citizens in national defense activities are compensated by the Government for their time and efforts; and

WHEREAS, Physicians who examine selective service men for the various draft boards are required to volunteer their services and time without compensation; and

WHEREAS, In order to make more efficient the machinery of the Selective Service Act and to expedite the examination of draftees; and

WHEREAS, This volunteer system has not worked satisfactorily in expeditious examination of draftees, to the satisfaction of the directors of the Selective Service Boards, which tends to hamper the defense program of the United States; now, therefore be it

Resolved, That the House of Delegates of the California Medical Association recommend to the Governor of the State of California and the Selective Service Director that the physicians who volunteer to examine draftees under the Selective Service Act be compensated for their services; and be it further

Resolved, That the House of Delegates of the California Medical Association instruct the Council to support through its Legislative Committee such legislation toward the allocation of funds for this purpose in the current session of the Legislature.

Your committee recommends that this Substitute Resolution A "Do pass," and I, as the chairman, move its adoption.

DOCTOR DOUGHTY: Seconded.

SPEAKER GOIN: The question is on the adoption of this Substitute Resolution Number A. Doctor Bailey.

DOCTOR BAILEY: Mr. Speaker and Delegates. We've discussed this question at length in the Los Angeles Council, and there certainly seem to be a number of reasons why the physicians who do this work should be compensated, particularly in the regions where the airplane plants are at work and the men are striking for \$10 a day instead of \$8 a day. It seems logical that the doctors who examine them should have some compensation. Besides the taxpayer's pocket is wide and deep, and everyone else is being paid. Why shouldn't we be? But there is an exception. The other members of local Selective Service Boards are not being paid for this work; lawyers and industrialists and other men who donate their time are not being paid. I suspect, also, the officers of the Selective Service System might like to have the doctors paid. At the present time many of them have not been able to carry on with it, and it would probably make their burden easier. However, there may be some changes in this system in the near future. If we ask for this money at this time, from these sources which may or may not be able to produce it, we open ourselves to unfavorable publicity. Headlines like "Draft Board Doctors Demand Dough" or something like that in the metropolitan press wouldn't look so well.

Now, the big difficulty that we're having is that the local doctors examine the potential draftees, and the men go to the Induction Boards after having sold their automobiles and their businesses, and are turned down by the Induction Boards for numerous causes, some of which seem logical and some of which don't.

A way of getting around that which has been suggested is to have Induction Boards that go from one center to another.

Another system, which may very well be used, is to follow that being employed in Pennsylvania now. That is, to have the Induction Board do the whole work. Have enough Induction Boards, moving from one place to another if necessary, so that they would examine all these people. In other words, pay the men who are paid on a per diem basis, and the Induction Boards would take over the entire problem.

It would seem to me, therefore, that to invoke these resolutions, inasmuch as the situation is in a state of change, a possible state of flux, it would be much wiser to let the Council look further into this situation, with which I am fully in sympathy, than to go on record at this time as demanding action. I, therefore, move that this resolution be committed to the Council for action.

SPEAKER GOIN: Is there a second to the motion to commit? Doctor Howard seconds. Is there discussion? Doctor Murray.

DOCTOR MURRAY: Mr. Speaker, I would like to ask for information. If this money is not federal money rather than state money that would be expended for the pay of examination of the draftees. In the second place, in that

last "be it further *Resolved*, That the House of Delegates of the California Medical Association instruct the Council to support through its Legislative Committee such legislation toward the allocation of funds for this purpose in the current session of the Legislature." It is impossible to get a bill introduced at this time. You understand, of course, all of the bills are introduced at the first session of the Legislature. I think to get it introduced now would require a two-thirds majority of all of the legislators. That might be just a little bit difficult at the present time. Our Legal Counsel might give us a little advice on that. It might be just a trifle difficult just now, at this current session of the Legislature.

SPEAKER GOIN: The question is on the motion to commit.

DOCTOR WILSON: Mr. Speaker, could I suggest that the alternate resolution proposed by the Committee be read so that the House can have the option of choosing which of the two they might like to act upon? One is committing it to the House of Delegates of the American Medical Association. It does seem that we should wait on the national body before undertaking a problem that might affect all of the physicians in the country, rather than just ourselves.

SPEAKER GOIN: The motion to commit the question to the Council is a superior motion and will have to be defeated, voted on, first. Doctor Ruddock.

CHAIRMAN RUDDOCK: There is no substitute resolution. These are two separate resolutions.

SPEAKER GOIN: The question is on the motion to commit this resolution to the Council. Are you ready for the question? The only debate proper is on the propriety of committing the resolution. . . .

SPEAKER GOIN: Are you ready for the question on the motion to commit? The motion is to commit this resolution to the Council, which takes it out of the hands of the House and disposes of it. All in favor say "Aye"; contrary, "No." The "Ayes" have it. The resolution is committed. Doctor Stone.

DOCTOR STONE: May I rise to a point of information? What happens to those amendments committed to the Council?

SPEAKER GOIN: Well, that depends on the Council.

DOCTOR STONE: Is that laying it on the table?

SPEAKER GOIN: Oh, not at all. The Council can take action.

CHAIRMAN RUDDOCK: Mr. Speaker, as a point of information, in committing this Resolution Number A to the Council, is it possible to take up Substitute Resolution B to it at this time?

SPEAKER GOIN: Oh yes, that's a separate matter.

CHAIRMAN RUDDOCK: *Substitute Resolution B:*

WHEREAS, The American Medical Association has pronounced the policy of volunteer services of members of the American Medical Association examining draftees under the various Selective Service Boards in the United States; now, therefore be it

Resolved, That the House of Delegates of the California Medical Association instruct its delegates to the American Medical Association to introduce a resolution in the House of Delegates at the forthcoming session of the American Medical Association, that a policy be adopted that physicians serving as examiners under such boards be compensated for their services.

Your committee recommends that this Substitute Resolution B do pass, and I, as its chairman, therefore move the adoption of this resolution.

DOCTOR LARSON: Seconded.

SPEAKER GOIN: Any discussion? Doctor Newell.

DOCTOR NEWELL: Mr. Speaker and members of the House. I don't see any real good reason, of course, why the doctors should not be compensated for their work. Everybody else, or a great many other people, are being paid for their work for the Government. Nevertheless, we are in the position of having had our services promised free for these services. Now this is work which has to be

done. It can't be done by everybody. It must be done by some. It has to be done by the medical profession. If the medical profession asks to be paid for it, it is this way. But because everybody can't do it, those who don't do it dip into the treasury to reward those who do do it which is fair. But I do observe that when the medical profession took the load upon its own shoulders, it didn't do the work—all of its members—it asked for volunteers from among its members to do the work. My county medical society asked for volunteers to do the work in the city of San Francisco. The County Medical Society said, "Thank you, kindly," to those who volunteered to do the work. The County Medical Society did not see fit to load a taxation burden on its own shoulders or to dip into its own treasury to reward individuals onto whom it had unloaded the work which most of its members would not do. It looks pretty cheap of us, it seems to me, when we will not spread the load among ourselves to reward the few who do our work for us; it looks pretty cheap for us to say then, that seeing it's somebody else's money, then we would like to have the load spread.

SPEAKER GOIN: Any further discussion?

DOCTOR MADELEY: I have been one of the volunteers for District Four, and have examined a good many of these lads from a doctor's standpoint, and I feel that a good many of these people are being turned down by Induction Centers, not correctly so, in an effort somehow to make the practicing physicians look inadequate. I feel that some of these people are being turned down to make a high percentage of people turned down at the Induction Centers that are being passed by the local boards, for some reason which I don't know. So I think it would be better, rather than to try to get compensation for private practitioners doing this work, to pass it back to them and let their Induction Centers take care of the whole problem.

SPEAKER GOIN: Thank you, Doctor Madeley. Doctor Bailey.

DOCTOR BAILEY: Mr. Speaker. There are such a tremendous number of problems involved here, I think we could continue the rest of the night, but, it seems to me, since these two resolutions are so closely related, that the best way to dispose of this would be to move that this Substitute Resolution B also be committed to the Council for further action.

DOCTOR BENNETT: Seconded.

SPEAKER GOIN: The motion is now to commit this resolution to the Council. Ready for the question? All in favor say "Aye"; contrary, "No." Resolution committed.

Resolution No. 9—Scientific Exhibits

DOCTOR RUDDOCK: In regard to Resolution No. 9.

WHEREAS, The California Medical Association, recognizing the need of acquainting the general public with the problems of health and sound principles of medical practice, has established a policy of public health education; and

WHEREAS, Scientific exhibits constitute an effective means of acquainting the public with health problems, as evidenced by the great public interest in the week-long health defense exhibit in the Shrine Auditorium, sponsored by the Los Angeles County Medical Association; and

WHEREAS, Such material is easily available at the time in each city in which the American Medical Association meeting is held, and public interest has already been aroused by favorable newspaper publicity in relation to said convention; therefore be it

Resolved, That the House of Delegates of the California Medical Association instruct the delegates to the American Medical Association to introduce into the House of Delegates of the American Medical Association a resolution calling for the establishment of a health exhibit for the public in the various cities in which the annual convention of the American Medical Association is held, during the week immediately following the convention, and utilizing such material from the scientific exhibit, to which other material might be added, which would be of interest to the general public.

Your committee is in sympathy with the resolution, but feels that explicit directions to the American Medical Association would probably defeat the purpose and intent of this resolution. We, therefore, offer as a *substitute to this resolution*, the same resolution with the deletion of the last portion of the resolution, which reads as follows:

During the week immediately following the convention, and utilizing such material from the scientific, to which other material might be added, which would be of interest to the general public.

Mr. Speaker, your committee recommends "Do pass," and I, as its chairman, move the adoption of this amended resolution.

DOCTOR DEWEY: Seconded.

SPEAKER GOIN: The question is on the adoption of the substitute resolution presented by the Committee. Ready for the question? All in favor say "Aye"; contrary, "No." The "Ayes" have it. The resolution is adopted.

Resolution No. 10—Hospitalization Subsidy

CHAIRMAN RUDDOCK: Last night, Dr. John Shephard of San Jose introduced a resolution by title only, No. 10. This resolution was submitted to Reference Committee No. 3 at the instruction of the Speaker of the House. It reads as follows:

WHEREAS, It is the cost of hospitalization that constitutes the immediate insurmountable economic obstacle to many individuals when overcome by sickness; and

WHEREAS, If this barrier could be at least partially removed, many individuals now finding it necessary to accept services rendered by county hospitals would find it possible to enter private institutions; and

WHEREAS, Resolution No. 2, which was introduced into the House of Delegates of the California Medical Association at its 1940 session, bearing upon this subject, was considered by our Legal Counsel to involve serious legal obstacles; now, therefore be it

Resolved, By the House of Delegates of the California Medical Association at its 1941 annual session, held at Del Monte, California, that the Council of the California Medical Association appoint a special committee of three members to study thoroughly the question of subsidizing hospitalization for all the citizens of California.

Mr. Speaker, your committee concurs in this resolution and recommends "Do pass," and I, as its chairman, move the adoption of this resolution.

DOCTOR LEE: Seconded.

SPEAKER GOIN: . . . Any discussion? All in favor say "Aye"; contrary, "No." The "Ayes" seem to have it. The resolution is adopted.

Resolution No. 12—Payments for Medical Services

CHAIRMAN RUDDOCK: Resolution No. 12:

WHEREAS, There is a minimum cost of providing medical service; and

WHEREAS, Many organizations in the State of California are arranging with physicians to care for their members below this figure; therefore be it

Resolved, That the Council of the California Medical Association investigate these costs and establish a minimum schedule below which members of such organizations may not be cared for by members of this Association.

Your committee recommends "Do pass," and I, as its chairman, move the adoption of this resolution.

DOCTOR DELPRAT: Seconded.

SPEAKER GOIN: Any discussion? All in favor say "Aye"; contrary, "No." The "Ayes" have it. The resolution is adopted.

CHAIRMAN RUDDOCK: There is a correction to be made on your texts, in that the words "Dr. Harold Fletcher" should be replaced by "Doctor Doughty." Mr. Speaker, your committee requests the unanimous consent of the House at this time for the introduction of a companion

resolution to that just passed, which has been proposed by Doctor Doughty.

SPEAKER GOIN: The introduction of a new resolution simply involves suspension of the House rules, and two-thirds majority will be sufficient. Is there any objection to the introduction of this resolution? If no member objects, unanimous consent will be assumed. You may introduce it, Doctor Ruddock.

CHAIRMAN RUDDOCK:

WHEREAS, Certain organizations of employees have undertaken to secure for their members the services of individual physicians and groups of physicians, in return for pro rata payments from funds remaining after defraying expenses, including salaries of managers, etc.; and

WHEREAS, Any such plan inevitably involves the control of medical services by laymen, which has and will inevitably continue to deteriorate medical service to patients; now, therefore be it

Resolved, That the California Medical Association disapproves of such plans and recommends to the component county medical societies and to its members that they do not accept practice under such plan.

Mr. Speaker, your committee recommends "Do pass," and I, as its chairman, move the adoption of this resolution.

DOCTOR LARSON: Seconded.

SPEAKER GOIN: Any discussion? Do you wish the floor, Doctor Shephard? Doctor Shephard.

DOCTOR SHEPHARD: I rise to a point of information. Do I rightfully understand this resolution when I read it, that if it should pass it will raise havoc with the San Francisco Municipal Employees' Service?

CHAIRMAN RUDDOCK: I will ask either Doctor Fletcher or Doctor Doughty to speak to that subject, Mr. Chairman.

SPEAKER GOIN: The Chair recognizes Doctor Doughty.

DOCTOR DOUGHTY: Mr. Speaker, this resolution is aimed at certain employees' groups which are recently being organized, due to the fact that certain corporations have recently disassociated themselves from their employees' benefit funds. The employees have hired members, one which we refer to particularly, one is an ex-employee of California Physicians' Service. They have organized a fund to sell doctors' services and to pro rata whatever funds are left after administration to the doctors. Certainly, no lay organization should be allowed to sell our services, take out their fees, and return the balance to us. So it is not aimed at any other than that particular organization. I wish to call your attention further to the fact that the resolution itself says this, that "The California Medical Association disapproves of such plans and recommends to the component county medical societies and to its members that they do not accept practice under such plans." Therefore, if one should feel that the San Francisco County Medical Society might come under this, I see no reason for the San Francisco County Medical Society, if it so desires, to do anything that they may wish to do regarding such a matter. This resolution makes a recommendation to the component medical societies and to its members. Does that answer your question, Doctor Shephard?

DOCTOR SHEPHARD: I still feel that by that recommendation you put the county society members in a rather peculiar position. The San Francisco County Medical Society is urged to recommend to its members that they do not serve on the Municipal Health Service. I am thoroughly in accord with the intent of what was meant by this resolution, but I feel that, owing to the fact that the San Francisco Medical Society has endorsed the San Francisco Employees' Health Association, it is going to put it in a very embarrassing position to have to recommend that none of its members serve.

DOCTOR DOUGHTY: There's nothing compelling them, Doctor Shephard, to recommend. They still have the option, and they may exercise it, I understand.

DOCTOR GARLAND: I do not believe that this will conflict at all with the San Francisco Health Service system.

For Doctor Shephard's information and for the information of the members of the House, the Municipal Employees' Health Service system was never approved by the County Medical Society. They're being tolerated by them because an organization of employees has put it over by charter amendment, while we, like most physicians, were dozing in our chairs. And we have had a great deal of trouble with it ever since it started. At the present time we have the contingent resignations of 962 of the 1,000 doctors that belong to it in our files, and we may have to use them. This resolution is no harm at all. (Applause.)

SPEAKER GOIN: Any further discussion. Are you ready for the question? The question is on the resolution as proposed by the Chairman of the Committee. All in favor say "Aye"; contrary, "No." The "Ayes" have it. The resolution is adopted.

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Resolution No. 13—Pollution of Waters

CHAIRMAN RUDDOCK: Resolution No. 13:

WHEREAS, Certain tidal and littoral waters of California are polluted by sewage from large and small municipalities; and

WHEREAS, The bacterial content of this sewage is a public nuisance and endangers the public health; and

WHEREAS, The recent mobilization has caused large dumps of sewage and refuse to be added to this mass of infected and dangerous debris; therefore be it

Resolved, That the California Medical Association support the California State Board of Health in abating, controlling, and suppressing this nuisance.

Your committee feels that the California Medical Association is interested in the public health problems throughout the entire state. We, therefore, *substitute* the following resolution:

WHEREAS, The California Medical Association, having full confidence in the California State Board of Health, realizes this large, increasing responsibility; and

WHEREAS, The recent mobilization of men for industrial and military defense projects has created a tremendous problem of sewage and refuse disposal; and

WHEREAS, In addition to this recent problem, many municipalities both large and small, industrial concerns, food-processing plants, ships, state institutions, mines, refineries, etc., have for years polluted the tidal and other waters of the state, thereby killing or despoiling the natural inhabitants of these waters, creating noxious odors, forming irritating and disease-producing vapors, and endangering the public health; therefore be it

Resolved, That the California Medical Association actively support the California State Board of Health in controlling, abating, and eventually eliminating the existing nuisances arising from pollution, and in addition directly aid the State Board of Health in preventing the development of further similar problems, particularly now arising from rapid growth of cantonments, construction camps, and housing projects.

Mr. Speaker, we recommend this resolution "Do pass," and I, as chairman, move the adoption of this substitute resolution.

DOCTOR LEE: Seconded.

SPEAKER GOIN: Any discussion? All in favor say "Aye"; contrary, "No." The "Ayes" have it. The resolution is adopted.

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Resolution No. 14—Hospitalization Organizations

CHAIRMAN RUDDOCK: Resolution No. 14. *Resolution Regarding Hospitalization Insurance:*

WHEREAS, The House of Delegates of the California Medical Association has consistently approved hospitalization insurance and disapproved the inclusion of medical services in it, and said House of Delegates has repeatedly insisted that diagnostic medical services are part of the practice of medicine and has been upheld by the House of Delegates of the American Medical Association in that contention; and

WHEREAS, Certain hospitalization insurance associations in California are not complying with the spirit of these regulations despite their having secured the approval of the Council of the California Medical Association by agree-

ing to provide straight hospitalization alone; now, therefore be it

Resolved, That the House of Delegates instruct the Council to withdraw approval of those hospitalization associations which persist in violating these regulations.

Your committee proposes the following *substitute* resolution:

WHEREAS, The House of Delegates of the California Medical Association has consistently approved hospitalization insurance and disapproved the inclusion of medical services in it, and said House of Delegates has repeatedly insisted that diagnostic medical services are a part of the practice of medicine, and has been upheld by the House of Delegates of the American Medical Association in this contention; and

WHEREAS, Certain hospitalization insurance associations in California are not operating in accordance with these principles in the issuance of certain of their contracts. [However, it is to be noted that the contracts issued by the nonprofit hospitalization associations of California in conjunction with California Physicians' Service, contracts, furnishing as they do hospital care exclusively, fully comply with the principles above stated]; now be it

Resolved, That the House of Delegates instruct the Council that its continuing approval of hospitalization associations must be contingent upon the full compliance of those associations with these principles.

Your committee recommends "Do pass," and I, as its chairman, move the adoption of this substitute resolution.

DOCTOR GARLAND: Seconded.

SPEAKER GOIN: Any discussion? Ready for the question? All in favor say "Aye"; contrary, "No." The "Ayes" have it. The resolution is adopted.

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CHAIRMAN RUDDOCK: Mr. Speaker, your committee at this time requests the consent of the House for the introduction of a resolution presented by Dr. Thomas Chalmers Myers, President of the Los Angeles County Medical Association, which was given to this committee after the close of the last session, on activities of the National Physicians' Committee for the Extension of Medical Service.

Resolution—National Physicians' Service

SPEAKER GOIN: Does the House consent to the reception of this resolution? Does the Chair hear any objection? Unanimous consent is assumed.

CHAIRMAN RUDDOCK:

WHEREAS, One of the most important functions of the medical profession on behalf of the public today is to apprise them of the true status of the medical services available to them, the accomplishments of those services in the past, and the necessity that those services be kept free from political control in the future; and

WHEREAS, The National Physicians' Committee for the Extension of Medical Service has been organized by our national leaders for just this purpose; therefore be it

Resolved, (1) That the California Medical Association first hereby approve the program and proposed activities of the National Physicians' Committee for the Extension of Medical Services; and

(2) That the county societies comprising the California Medical Association are hereby urged to further the work of the National Physicians' Committee by an aggressive campaign to solicit funds and to acquaint every member of the profession with the necessity for such a program of public education.

Mr. Speaker, your committee recommends "Do pass," and I, as its chairman, move the adoption of this resolution.

DOCTOR MYERS: Seconded.

SPEAKER GOIN: Any discussion? All in favor say "Aye"; contrary, "No." The "Ayes" have it and the resolution is adopted.

✓ ✓ ✓

CHAIRMAN RUDDOCK: Mr. Speaker, I move the adoption of the report as a whole as amended.

DOCTOR DELPRAT: Seconded.

SPEAKER GOIN: Moved by the Committee Chairman, seconded by Doctor Delprat, that the report as a whole as amended be adopted. All in favor say "Aye"; contrary, "No." The "Ayes" have it. The report is adopted.

CHAIRMAN RUDDOCK: Mr. Speaker, at this time your committee wishes to call attention to the fact that at each session of the House of Delegates many resolutions are put into the House. Your committee wishes to call attention to the members of this House that many of the resolutions are very poorly constructed, sometimes conflict with the by-laws and with the constitutional background.

We would request that any member who in the future wishes to put in amendments would send such amendments to the Secretary-Treasurer of this Association, where he may be able to secure legal counsel for their proper drafting. It would certainly expedite the work of the committees, which sometimes is very, very heavy, especially in the case of this committee. At this time the Chairman wishes to thank very much the other members of the Committee, Dr. Robert Stone and Doctor Makinson, for their zeal and efforts and good counsel in preparation of these reports which I have read to you. We thank you, and we have all signed the report. (Much applause.)

SPEAKER GOIN: The Chair was just wondering in his own mind whether or not you all realize the tremendous burden of work that assignment to this committee particularly, and to all these Reference Committees, entails for those who accept it. I take it from your generous round of applause that you do understand it, and are grateful to these men for their serious labors.

The next order of business is unfinished business. Mr. Secretary, is there any unfinished business on the docket of the House?

SECRETARY KRESS: Mr. Speaker, there is no unfinished business on the docket.

SPEAKER GOIN: The Chair will now, of its own motion, suspend the rules for a moment and entertain a motion to extend the thanks of this House to the Monterey County Society and to Dr. Mast Wolfson and his local committee for the splendid work they have done in preparing for this annual session. (Much applause.)

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Presentation of Officers

The next order of business is presentation of officers. The Speaker yields the gavel to the president, Dr. Harry Wilson.

DOCTOR WILSON: Mr. Speaker, good friends all, I think it's nearly midnight, and we've had plenty of discussion and I'm not very good at expressing the emotional reactions that occur as I sing my swan song. I really don't feel as if I were passing out of the picture. As I sit here tonight, I'm looking forward to the days when I hope I can get down on the floor and participate in the activities again in a more active manner rather than being pushed off to one side. I would feel very bad if I passed by without calling to your attention our duty to Alson Kilgore. The applause that greeted him tonight when his name was mentioned in the Reference Committee gave me hearty confirmation that you do appreciate what Doctor Kilgore has done for medicine. But I don't think that words could possibly express, nor could we possibly think enough, in terms of gratitude and understanding, of what Doctor and Mrs. Kilgore must have put up with in the past few years in furtherance of his devotion to ideals and trying to make them practical. (Much applause.) We'll accept that for Alson. . . .

I have observed throughout the eleven years that I've attempted to serve you that all of us seem to have particular things that we can do or try to do, and we should appreciate those qualities in each other, even though we do not duplicate them. We all have our bit that we add to the picture, and we must respect and appreciate it in the other fellow, even though it is not similar to that which we ourselves may be partially capable of doing.

Now, Dr. Henry Rogers said last year that he was the country physician, and he felt that he was representative of the country physician. And if ever in this country we

have needed in our leadership a man who's truly representative of the American citizen as he is, just through the rank and file, not the top and not the bottom, not the chemist and not the plumber, but the man who can just walk along the street and everyone with whom he comes in contact is his brother, and he can understand him and talk his language, etc., we're having that type of leadership in Henry Rogers, and it is with tremendous pleasure that I step aside and bow to a leadership that I hope will carry you on to greater fulfillment. (Prolonged applause.)

DOCTOR ROGERS: Well, Harry, I thank you for these gracious words. Mr. Speaker, and members of the House of Delegates: I deeply and sincerely appreciate and thank you for all the great honor that you have done me. I accept the responsibilities, representing as I do, the family physician of the rural districts, for whom I believe you intended this distinction. Incidentally, this is the first time that your president has been elected from the Ninth Councilor District, which begins in the beautiful sun-kissed hills and shores of Marin County, across the bay from San Francisco, and extends to the Oregon line, including all of the great Redwood Empire. I am sure that in honoring me you are honoring all the physicians in that neighborhood. I shall try my very, very best to faithfully serve you. I thank you. (Much applause.)

SPEAKER GOIN: Will Dr. Eric Larson of Los Angeles and Dr. Thomas Myers of Los Angeles escort Doctor Molony to the rostrum? (Applause.)

Members of the House of Delegates, it is with great pleasure that I present to you your president-elect, Dr. William R. Molony of Los Angeles.

DOCTOR MOLONY: You will notice that Doctor Myers, who very graciously and kindly honored me today by nominating me, walked with me part of the way, but then he decided to go back and sit down. As I look upon this group of friendly faces, I feel rather nervous. But being among friends makes me rather at ease and happy. Many years ago, when I was a boy in Los Angeles, my father was a wagon-maker. He made good wagons, all hand-made. He had a great deal of trade among the Chinese. The Chinese drove the horse and wagon in those days. There were no automobiles. They had to have good wagons that stood up. The Chinese vegetable gardener in Wilmington was called upon once by a man who had put in a group of eastern wagons. They looked pretty, and they were painted up nice, etc., but they didn't stand up. He came to this Chinaman and implored him to buy one of the wagons. But he said, "No," and it was no sale. The salesman said, "What's the trouble?" "Well," he says, "when I buy wagons, I go see Mr. Molony. He my cousin." (Laughter.) You see, even the Chinese have a word for it.

I'm deeply grateful to you all for this great honor that you've bestowed upon me today, and particularly grateful to those from my home town, my community, the men among whom I have grown up. My whole medical career has been spent in California. I'm a native son, and I've done the best I could all this time to be worthy of being a doctor and a citizen of this great state. I love the practice of medicine. I love the men who have worked and slaved and labored in its vineyard all the day and all the night, and I shall always give to you and this organization the same standard of enthusiastic work that I have given to all of my work in the past. In closing, I will state that I'm reminded somewhat of a story that was told of one of the Cabinet members who was very efficient. He had a visitor sitting in his office one day, discussing some serious matter, and in walked the fourth assistant to the sixth assistant secretary. This fourth assistant came in very pompous and very important, etc., and interrupted and finally came over to the Secretary and presented some papers to him. The Secretary looked at him and said, "That will be all, Mr. X." He started out. "Oh," the Cabinet officer said, "By the

way, you haven't forgotten Rule Number Six, have you." The fourth assistant turned around and said to the Secretary, "No, Sir." He then stepped on out. The visitor said, "It's remarkable how with all your other duties you remember all the rules." "Oh," he said, "it's easy. We have only one rule here." He said, "What's that?" The Cabinet officer replied: "Don't take yourself so damn seriously." (Much applause.)

SPEAKER GOIN: The agenda directs your Speaker to next present the Speaker, and it just turns out to be the same man again, who thanks you for this expression of confidence, and will endeavor to continue to serve you to the best of his ability. (Applause.)

I'm happy to present to you the Vice-Speaker, Dr. E. Vincent Askey of Los Angeles. (Applause.)

I think you ought to take a look at the councilors you elected today.

Will Doctor Calvert Emmons of the First District arise? (Applause.)

Doctor Anderson of the Fourth District. (Applause.)

Dr. Frank Makinson of the Seventh District, a newly elected Councilor. (Applause.)

The Councilors-at-Large, Dr. Philip Gilman (applause), Dr. Earl Moody (applause), and Dr. Sam McClendon of San Diego (applause).

Doctor Dukes, will you perform your pleasant and constitutional duty?

DOCTOR DUKES: Mr. Speaker, Members of the House of Delegates, it is with great pleasure that I have the honor of welcoming into the fold of Past Presidents, our retiring President, Dr. Harry H. Wilson of Los Angeles. It is with great pleasure, Doctor Wilson, that I hand you this certificate of honor and of appreciation from the California Medical Association, which you can hang upon your wall and look at, as I have looked at mine for the past year, with great pleasure. I'm sure that you will appreciate it as we appreciate your service.

DOCTOR WILSON: Thank you, Charles. (Applause.) Charles, and all of you good friends, I haven't ever told you that I have been deeply honored. I am and have been. I've been tremendously appreciative. I've always been too much concerned with the job in hand and hoping I could do it reasonably well, to be very much concerned with the honor. But it isn't because I'm unappreciative or do not have the same high emotional feelings that each of the other men has expressed so ably. And I still feel like the old fire-horse, that, when the bell rings and you want something done, why I'll be out there trying to do it again. (Applause.)

Minutes: Adjournment

SPEAKER GOIN: It's been the custom of the House at this time to designate the President, the Speaker, and the Secretary as a special committee for editing the minutes. The Chair will entertain a motion to that effect.

DOCTOR STONE: I so move.

DOCTOR DELPRAT: I second.

SPEAKER GOIN: Moved by Doctor Stone, seconded by Doctor Delprat, that the President, the Speaker, and the Secretary constitute a committee to edit the minutes. All in favor, "Aye"; contrary, "No." So ordered. A motion to adjourn is in order.

DOCTOR DOUGHTY: I so move.

DOCTOR LARSON: I second.

SPEAKER GOIN: Moved by Doctor Doughty, seconded by Doctor Larson. All in favor say "Aye." Carried. The House is adjourned.

LOWELL S. GOIN, *Speaker*

GEORGE H. KRESS, *Secretary*

Attest: HARRY H. WILSON, *President*

CALIFORNIA COMMITTEE ON MEDICAL PREPAREDNESS†

News Items Related to Medical Preparedness

Physicians Are Called On to Join Medical Reserve Corps

All licensed physicians and surgeons who are selective service registrants were urged today by Brigadier General J. O. Donovan, adjutant general of California and state director of selective service, to apply for commissions in the medical reserve corps.

"There is a shortage of physicians and surgeons in the medical corps," Donovan said, "and such registrants can serve their country better as medical officers than as inductees for military training."

The general has instructed all local boards to communicate with physicians and surgeons among their registrants and to encourage them to seek admission into the reserve corps instead of selecting them for induction for military training. He pointed out the war department recently announced several thousand vacancies in the medical corps reserve and that physicians and surgeons commissioned will be given the grade of first lieutenant.

"Coöperation with the war department in its procurement program," he said, "makes it particularly desirable right now that we avoid inducting men who have made application for a commission and who qualify as medical officers and thereby serve with the army and themselves to better advantage. For that reason we are asking all local boards to communicate with such registrants and encourage them to apply to the Ninth Corps Area surgeon, Presidio, San Francisco, for reserve commissions in the medical corps."

Donovan also pointed out that only those doctors who are graduates of approved medical schools who are licensed or eligible to be licensed to practice medicine in the state in which they live are considered for commissions in the medical reserve corps.—*Sacramento Bee*, May 5, 1941.

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Donovan Is Confirmed as Draft Director

Washington, May 5 (AP).—The senate today confirmed the nomination of Joseph O. Donovan to be California director of selective service.—*Sacramento Bee*, May 5, 1941.

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A Doctor's Viewpoint Letters to the Editor

Editor, *The Call-Bulletin*:

On Page 1, in its issue of Thursday, May 8, under the caption, "Colonel Warns Doctors," *The Call-Bulletin* gave special prominence to some remarks by Lieutenant Colonel John H. Schaefer of the Ninth Corps Area in which the seeming defection of a small group of younger physicians was mentioned in such manner as to cast aspersions upon the willingness of the members of the medical profession to do their part in the existing national emergency.

1. As regards services rendered by physicians under the Selective Service Act. Throughout the United States the burden of the massive amount of work involved in the physical examination of selectees and draftees is carried on by physicians who donate their services to the government. California has 284 local draft boards, to each of which is attached a medical personnel of one or more physicians. In addition, there are advisory and appeal boards of general physicians, surgeons and specialists.

What other group of citizens performs work of the same amount, quality and importance and all without compensation? The answer is: None.

2. It may not be known to your readers that the American Medical Association, in its headquarters at Chicago has installed a punch-card system of information concerning physicians, intentionally inaugurated to make available to the military arms of our government the information needed by the medical departments of the army and navy, and which they did not possess, and that the installation and maintenance of this American Medical Association activity has meant an expenditure of more than \$50,000 of its funds.

The California and other state medical associations have likewise spent large sums in this work, in efforts to make

† Philip K. Gilman, M. D., 2000 Van Ness Avenue, San Francisco, is chairman of the California Committee on Medical Preparedness. Charles A. Dukes, M. D., 426 Seventeenth Street, Oakland, is a member of the American Medical Association Committee on Medical Preparedness. Roster of county chairmen on Medical Preparedness appeared in *CALIFORNIA AND WESTERN MEDICINE*, August, 1940, on page 86.

available to the medical corps of the army and navy, that information that is so much needed.

3. It is no doubt true that at the present time some young physicians are reluctant to leave civil practice, to break down what has taken all their youthful years, since graduation, to build up. However, if we were actually at war, no such reluctance would be shown.

The regular medical corps of the army has a personnel of about 1,200 physicians. About 8,000 physicians will be needed to properly staff the medical department of the army by June 1. Many of the physicians who will be inducted into service have had much greater actual experience in the care of the sick and injured than have a goodly number of the physicians who have taken up medical careers in the army as their life work. Doctors of medicine in civilian practice only ask that physicians in the regular medical corps of the army keep this fact in mind and be generous in their judgment of their civilian colleagues. It is so easy to develop a bureaucratic outlook and thinking, even in so splendid an organization as the medical corps of the United States Army.

4. Finally, permit me to call attention to the need of an amendment to the Selective Service Act that will grant deferments to medical students. Our seventy-seven Class A medical schools in the United States graduate 5,200 physicians each year, that number being about equivalent to those who die or retire from practice. We are now about to take from private practice 8,000 doctors for military induction to care for an army of 1,500,000 men that will be in service by June 1, 1941.

If deferments are not granted to medical students, the supply of physicians will be inadequate to care for (a) soldiers, (b) civilians in essential industries, and (c) remaining civilians (mothers, fathers, sisters, brothers of those noted under (a) and (b)).

Surely, we owe it to all three groups, to safeguard their life and health interests. To take medical students out of the colleges and to use them in line service in the army would seem to be little less than reprehensible. A welder citizen belongs to an "essential industry." He can learn his trade in 6 to 12 months. A physician should be in an "essential profession." It takes the doctor about ten years to make him a well trained and safe physician or surgeon, and the army must have well trained physicians and surgeons!—Edwin L. Bruck, 384 Post Street.—*San Francisco Call-Bulletin*, May 14, 1941.

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The Draft

Boards Urged to Defer All Skilled Men

Washington, May 3 (UP).—Deputy Selective Service Director Brigadier General Lewis B. Hershey tonight ordered all local draft boards to use the "utmost care" in selecting skilled defense workers for military service to insure the nation's manpower will be used with the very maximum of efficiency. . . .—*San Francisco Chronicle*, May 4, 1941.

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Draft Boards to Defer All Medical Students

Washington, May 3 (AP).—To avert a possible national shortage of doctors, the selective service system today ordered deferment of military training for medical students who "give reasonable promise of becoming acceptable medical doctors."—*San Francisco Chronicle*, May 4, 1941.

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Navy Doctor Offers Plan for Control of Venereal Diseases

San Diego, April 30 (AP).—Terming syphilis and gonorrhea two of the most active fifth columnists in the nation's armed forces, Commander Roger A. Nolan, navy medical corps, said yesterday he had evolved a three-point program for control of venereal diseases.

The plan is outlined in a book Nolan said he had written primarily for line and medical officers in the army and navy. Contending organization and planning are essential to successful combating of these "subversive elements," Nolan said his recommendations coördinated the functions of education, prevention and cure into one plan of action.

Segregation "Folly"

The officer said his investigation of the problem did not warrant any plan of segregation of prostitutes, terming such action "folly."

"Neither segregation nor prohibition of prostitution will stop prostitution," Commander Nolan said. "Rather, such action serves to bring 'bootleg' prostitution into action, and such prostitution is far more dangerous than the more open type now operating in most communities."

Nolan has seen twenty-four years of active duty as a navy doctor. He said his experience had indicated venereal diseases cause more loss of manpower among troops than all other communicable diseases combined, and are respon-

sible for a staggering number of sick days which could be prevented through proper control methods.

Has Needed Program

Nolan said the medical officer needs a tactical plan for repulsing the venereal enemies, and that his proposal presents such a program, aimed at standardizing control methods throughout the services.

The officer said the preventing of venereal diseases had long been attempted with "hit and miss" methods, whereas other diseases are treated and combated with standardized, proven methods.

"At present, this is not true of venereal disease prevention," said Nolan. "Each doctor seems to have his own idea, or none at all, about preventing venereal diseases."

Primer Fashion

The officer said his book of instructions, written in primer fashion, was purposely composed in simple lay language to enable line and medical officers to pass on the information to men in their commands easily.

Nolan said the methods he advocated, involving coordination of functions of education, prevention and control, have been tried and proven successful in a military command numbering 15,000 men.—*Sacramento Bee*, April 30, 1941.

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Flight Surgeons Help Choose and Guide Pilots for Army

School of Aviation Medicine Relieves Flyers Before Breaking Point Is Reached

Randolph Field, Texas, April 19 (AP).—The science of aviation medicine is terminating the flying careers of some old-timers in the Army Air Corps to improve safety records aloft.

Flight surgeons can tell when a man has passed his peak and his "reaction time" has lengthened dangerously.

The flight surgeon stays in the background, but he has two important jobs:

First, to protect every pilot's life.

Second, to protect the government's tremendous cash investment in each man, for it costs \$40,000 to complete the training of a single flyer.

Today, goggled, wind-burned young men dot the Texas skies by hundreds.

Heavy Enrollment

Around 400 enroll at this "West Point of the air" every five weeks.

Some of them die trying to learn to be aviators, but most of them live to be commissioned officers.

To the flight surgeon, assigned to the job of preventing crashes, only two causes are listed for what is called in military parlance "termination of a flyer's usefulness" and what is more generally known as death or disabling injury. These causes are:

1. Failure of engine or plane.
2. Failure of pilot.

Only 8 per cent of flyers are lost because of the shortcomings of aircraft, the Air Corps figures, while "the usefulness" of 92 per cent is "terminated" by faulty judgment on the part of the pilot.

Aims at Safety

Lieutenant Colonel Fabian L. Pratt, commandant of the school of aviation medicine at Randolph Field, is one of the officers in charge of thinking up ways and means to reduce that 92 per cent—primarily by seeing that men with innate flying ability are selected for training and that experienced officers no longer physically fit are taken off flying.

Bitter experience taught the Air Corps that after years of continuous flying, the flyer begins to show signs of deterioration, particularly in middle age. The economical thing to do, at this point, is to relieve him temporarily from active flying, flight surgeons decided.

Years ago, it was the practice to keep a flyer at it until he "broke," Colonel Pratt said. His breaking often was signalized by a fatal crash. Other times, he became mentally and nervously so exhausted as to be of no use. . . .

The flight surgeon lives in close touch with his pilots; is trained to diagnose the occupational ills which result from flying, so he knows when to institute periods of rest, recreation and temporary excuse from duty. Unlike most physicians, he deals constantly with men who wish to conceal any physical difficulties because they fear they will be grounded.

Personality, experience and diagnostic ability are required of these doctors of the air.—*Los Angeles Times*, April 20, 1941.

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Selectees Will Receive Physical Tests in Clinic

Colonel Bert S. Thomas, chief of the medical division of the state selective service office, announced today that after May 23 all men called from the six Sacramento selective service boards will take their physical examinations in groups in the city clinic.

Colonel Thomas said City Manager James S. Dean has granted the selective service office the use of the city clinic at Fifth and I streets on the evenings it is not needed.

Colonel Thomas explained it has been found that teams of doctors working together reach common levels of interpretation with greater efficiency. He said men reporting at the city clinic will be examined by several doctors and one doctor will review the findings of the others and make the recommendation.—*Sacramento Bee*, May 14, 1941.

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Draft Official Tells Rejection of 380,000

Washington, May 28 (AP).—General Lewis B. Hershey today supplied figures to show that more than 380,000 men out of the first 1,000,000 called up for selective military service were rejected as physically unfit.

Another 120,000, the deputy director of the draft told the National Nutrition Conference, were deferred as unfit for military service, but qualified for such service as clerical work.

Hershey summarized major causes for disqualification as follows: 20 per cent due to teeth deficiencies; 10 per cent due to eye and heart troubles; 9 per cent because of three or more physical difficulties; 5 per cent because of ear, nose, and throat troubles; more than 10 per cent for nervous and mental reactions; 4 per cent for tuberculosis; 4 per cent for gonorrhea and syphilis; 3 per cent for flat feet.

The physical status of the nation may not be worse than it was twenty years ago, but it certainly is no better, he declared.

"Better, worse, or the same, we are physically in a condition of which we, nationally, should be thoroughly ashamed," Hershey said. "It is a condition we should recognize as dangerous and which we should take immediate positive and vigorous measures to correct."—*Los Angeles Times*, May 29, 1941.

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Army Plan Favors Medical Students

Internes Permitted to Complete Training

San Francisco, June 3 (AP).—A new plan which will permit junior and senior medical students of Grade A medical schools and internes to complete their training before entering military service was announced today from Ninth Corps Area headquarters.

Major General Ernest D. Peek, Ninth Corps Area commanding general, said he had received instructions from the War Department that junior and senior medical students may be commissioned first lieutenants in the Medical Corps, with the understanding that they will be ordered to one year's active military duty immediately upon completion of their internship.—*Los Angeles Times*.

* * *

Medical Students Given Army Bid

The Army today invited internes and junior and senior students of Class A medical colleges to submit applications for appointment as reserve officers, it was announced at Ninth Corps Area headquarters.

Those who are appointed reserve officers will not be subject to the Selective Service Act, and therefore will be free to complete their medical courses, according to the announcement.

Applications should be sent to the Commanding General, Ninth Corps Area, Presidio of San Francisco.—*San Francisco News*, June 5, 1941.

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Medical Men More Useful If Not Drafted

Reports that the Selective Service Law will be amended are insistent, and it probably needs amendment in several respects. In one particular there obviously should be a change of policy either through revising the Act or altering its administration. Unless there is a deferment of military training for medical students, a decrease in the number of available physicians confronts the United States, according to *The Journal of the American Medical Association*, which makes thought-provoking comment in an editorial on "Demand and Supply of Physicians."

Medical students under the law will not be exempt from military service at the end of the current academic year. Unless those administering the Act uniformly hold that medical students are in training for an occupation necessary to the national health, many of them will be drafted into the Army, and the number of available physicians in subsequent years will be decreased correspondingly.

"The protection of the people's health is essential in any program of national defense," says the *Journal*. "A well-trained medical profession is the basis of all provisions for both military and civilian medical service."

It is apparent that there is a deplorable loss of expert service when young men being educated for the medical profession—some of them soon to receive their certi-

cates—are sent to camp to learn the rudiments of soldiering, at which they will be no more adept than any other young fellow. Years spent in medical school will be wasted while the physicians and surgeons of the future are drilled alongside farm boys, grocery clerks, and other young Americans.

No claim is made that the medical students are entitled to any special privileges. The argument for putting them in a deferred class is solely that the country may need them for the kind of work they can do best.—Editorial, Pasadena *Star-News*, May 31, 1941. * * *

All Physicians and Surgeons Are Classified for Service Hundreds Will Leave Private Practice to Aid in Nation's Defense Program

Approximately 5,000 California physicians and surgeons are classified and ready to take their places in national defense in the event that the United States should be involved in war. Because of the important rôle that modern medicine plays on the battlefield and at home during periods of conflict, mobilization of the nation's medical men began early last year.

Undertaken as a patriotic service by the American Medical Society and its local group, the California Medical Association, this huge task has already brought more than 1,300 California doctors into active service. A thousand of these are donating their services to the state's draft boards as medical examiners, while the others are already in the ranks of Army physicians.

Nationwide Mobilization

Throughout the nation, this great medical mobilization will make available for national defense the services of 180,000 physicians and surgeons. All are being classified as to specialties, age, and availability for various types of service. Those that are not needed for Army duties or in the field hospital units will be listed for home service.

Because of the expansion of the nation's armed forces, 8,000 doctors a year must be commissioned as officers in the Medical Corps to keep up with its present rate of growth. Thus it will probably be necessary to call many of San Francisco's and California's retired medical men back into private practice. Of the 15,000 doctors in the state when the classification began, only 10,000 are in private practice. The others are either in public health services, research and training fields, or are retired.

Need Medical Faculties

Most important to the medical profession is preserving intact the faculties of medical schools. At present the seventy-seven medical schools in the United States graduate 5,200 student doctors annually. The armed forces at present plan to absorb all these new doctors and are seeking thousands of additional recruits from the ranks of practicing physicians.

The danger of epidemics of contagious disease during periods of war makes it necessary that the physicians left in private practice are organized efficiently to cope with such threats to the public health. The withdrawing of so many medical men from private practice makes this a difficult problem, and one that at present is being worked out by the San Francisco County Medical Society and its state and national affiliates.—San Francisco *News*, May 30, 1941.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION†

On Proposed Laws Having Public Health Implications*

California Legislature: Fifty-Fourth Biennial Session (Now in session at Sacramento)

Bills Signed by the Governor.—Assembly Bills 413, 502, 503, 504, and 505, sponsored by the State Board of Medical Examiners, have been signed by the Governor and will be effective ninety days after final adjournment of the present

† Component County Societies and California Medical Association members should not give endorsements to proposed legislation unless the California Medical Association Committee on Public Policy and Legislation has so requested. On such matters, address: California Medical Association Committee on Legislation, Dwight Murray, M.D., Chairman, 450 Sutter, San Francisco. Telephone, DOuglas 0062.

* Compiled by The Public Health League of California, and the California Medical Association Committee on Public Policy and Legislation. For editorial comment, see page 300.

legislative session. Assembly Bill 503 is of special importance as it affects those taking the examinations for license to practice medicine. It limits the allowance of credit for years of practice to 10 points and provides that those years of practice must have been in the United States or Canada. This removes advantages that foreign graduates have enjoyed over our California graduates in taking the examination.

Compensation Bills.—There has been no action on the various bills to amend the medical phases of the Workmen's Compensation Act, with the exception of an effort on the part of chiropractors to secure recognition for treatment of compensation cases. Assembly Bill 2247, by Assemblyman Salsman of Palo Alto, sponsored by the chiropractors, was given two hearings by the Committee on Medical and Dental Laws, but failed to muster support. Bills providing for free choice of physician are still in the committee files.

California Physicians' Service Bills.—Assembly Bill 562, sponsored by the California Medical Association, has been vetoed by the Governor. Assembly Bill 563 has passed the Assembly and Senate, and on June 10 was signed by the Governor, becoming Chapter 629, Statutes of 1941.

Dentistry.—Assembly Bill 1148, sponsored by the two State Dental Associations, which relates to the absence of pupils from school for dental services, has passed both houses of the Legislature and is now before the Governor. Assembly Bill 1450, concerning examinations, is also on the Governor's desk, and Assembly Bill 1451, relating to procedure before the Board of Dental Examiners, has passed the Assembly and is now on the Senate calendar.

Naturopathic Bill.—Senate Bill 977, setting up a Board of Naturopathic Examiners, is still on the inactive file in the Senate. Its sponsors have been busy around the capitol and may attempt to press it for a vote in the Senate.

"Eye Exercisers"—Assembly Bill 2299, sponsored by the ophthalmologists and optometrists and designed to protect the public against "muscle exercisers," is now before the Senate. It has been vigorously opposed by individuals in Southern California, who have been "treating" eyes through the use of jumping beans, sun-staring, etc., with resultant serious effects to the individuals so treated. Despite this opposition, this bill has passed the Assembly and been voted out of the Senate committee.

Reciprocity Bill Vetoed.—Assembly Bill 1475, the reciprocity bill for licensing of graduates of foreign medical schools, was vetoed by Governor Olson after it had passed both the Assembly and Senate by wide margins. Since the veto, a canvass has been made to determine the chances of passing the measure over the Governor's veto; if this procedure appears to be possible, every effort will be made to make this bill a law. (On June 14, A. B. 1475, after a second trial, was passed over the Governor's veto.)

There are still many hundreds of bills before the Legislature, and it appears at this time that the present session will continue through a good part of June. We shall continue to closely watch all pending matters.

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Medical Legislation: Prenatal Laws and Prenatal Syphilis

In May, 1939, the State Legislature of California passed the law requiring "Every licensed physician and surgeon or other person engaged in prenatal care of a pregnant woman or attending such woman at the time of delivery shall obtain or cause to be obtained a blood specimen of that pregnant or recently delivered woman, at the time of the first professional visit or within ten days thereafter. The blood specimen thus obtained shall be submitted to an approved laboratory for a standard laboratory test for syphilis."

All interested parties agree that prenatal syphilis is one tragedy which is within the power of the medical profession to prevent. Early detection of syphilis in the mother and adequate treatment during pregnancy prevent prenatal syphilis in almost 100 per cent of cases.

Sufficient time has now elapsed for results to be evaluated. Are pregnant women being tested early enough to make treatment valuable? Is treatment being started before the fourth month; the time when the fetus usually becomes infected? Are syphilitic babies still born in the State of California? If so, how many? In other words, has the prenatal law achieved its purpose? Or to what extent has it altered the picture?

The Bureau of Venereal Diseases will attempt to answer some of these questions. Some of the information will come from birth certificates. Most will come from clinics and practicing physicians. The coöperation of the physicians of the state will spell success or failure for this study. Brief forms will be sent to physicians caring for known syphilitic pregnant women, to be filled out and returned to the Bureau. The forms will be so planned that only a few minutes will be required for completion.

The Bureau will welcome suggestions and information from county medical or obstetrical societies, which may have had experience in studies on prenatal syphilis, and would like to be notified of existing local surveys so that duplication of work might be prevented. J. R. S.

* * *

Olson Vetoes Medical Measure

Governor Culbert L. Olson today vetoed A. B. 1475 by Assemblyman Roger A. Pfaff of Los Angeles which would bar aliens from practicing medicine in the United States if citizens of the United States could not practice in the countries from which the aliens came.

Chief Objection

The Governor's chief objection was based on the contention most of the aliens who will be seeking to practice medicine in California in the next few years "will be men or women forced to flee from their homes because of their race or because their political beliefs differ from those of the persons who now control most of Europe."

He pointed out some of those who will enter the country in the next few years "may be persons renowned in the practice of medicine."

Inasmuch as few foreign countries now admit citizens of the United States to practice, the Governor said, the effect of the bill would be to exclude almost all aliens from taking an examination to practice in California.—*Sacramento Bee*, May 19, 1941.

COMMITTEE ON PUBLIC HEALTH EDUCATION†

The Committee on Public Health Education has started off the new Association year with plans laid for the circulation of initiative petitions on the Basic Science Act. This work will be handled by the Committee in conjunction with the Public Health League of California, and a start on the actual campaign will be made as soon as the adjournment of the state legislature permits the personnel of the Public Health League to devote some time to the petitions.

The Committee wishes to thank various members of the Association and their wives for the coöperation extended in entertaining Miss Ruth Klierer of Bakersfield, winner of the essay contest, during her one-day stay at Del Monte during the annual session. Miss Klierer was returned home safely and has since expressed the thought that her day "with the doctors was one of the most thrilling days of her life."

† The Committee on Public Health Education was established through Substitute Resolution No. 6 at the Del Monte annual session, May 3, 1939.

The Committee on Public Health Education consists of Frank R. Makinson, chairman, Oakland; Philip K. Gilman, secretary, San Francisco; Samuel Ayres, Jr., Los Angeles; Thomas A. Card, Riverside; James F. Doughty, Tracy; Lowell S. Goin, Los Angeles; Junius B. Harris, Sacramento; Henry S. Rogers (ex officio), Petaluma. Communications to the committee may be addressed to Frank R. Makinson, M. D., chairman, Wakefield Building, Oakland, or to the California Medical Association office, 450 Sutter Street, San Francisco.

COMMITTEE ON PUBLIC RELATIONS†

What appears to be a record in annual session newspaper publicity was established at the Del Monte annual session. Clippings from papers in all parts of California, as well as from various other states, are still coming into the central office.

The amount of space devoted to the California Medical Association meeting by the press is particularly gratifying because of the absence of controversial items which might tend to destroy the confidence of the public in the ability of physicians to regulate their own affairs in their own organization. With the exception of one newspaper, all press items of the annual session were devoted to a constructive analysis of both scientific and organization matters.

Press representatives at the annual session were given all the conveniences possible, including not only supplies for their work but also the benefit of professional counsel on scientific points where the lay reporters could not be expected to turn out intelligent stories. The thanks of the department are hereby extended to all those members who took time to explain scientific points to the reporters. Thanks are also extended to all authors who so willingly sent into the central office short digests of their scientific papers for release to the press. These digests were of immeasurable help in securing a "good press" for the entire meeting. J. H.

COMMITTEE ON SCIENTIFIC WORK

List of Prize Awards in the Scientific Exhibit Section at the Seventieth Annual Session of the California Medical Association Held in Del Monte May 5 to 8, 1941

A recipient of a first prize award receives a check for \$50 and an engrossed certificate; a recipient of a second prize award receives a check for \$25 and an engrossed certificate; a recipient of an honorable mention award receives an engrossed certificate.

The awards granted at the recent Del Monte annual session are as follows:

First Prizes

To: Ralph Soto-Hall, M.D., and Keene O. Haldeman, M.D.
For exhibit on: "The Patella: Its Role in Injury and Disease."

* * *

To: Allan L. Cohn, M.D., Alfred White, M.D., Rubin Gold, M.D.
For exhibit on: "Clinical Gastroscopy."

* * *

To: The Los Angeles County Medical Association.
For exhibit on: "Pictorial and Publicity Story of the Los Angeles Health Defense Exposition," February 2-9, 1941.

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Second Prizes

To: Charles F. Nelson, M.D., and Roland C. Nelson, M.D., The Nelson Clinic, Beverly Hills, California.

For exhibit on: "Physico-Chemical Management of Bone Problems."

† The complete roster of the Committee on Public Relations is printed on page 2 of the front advertising section of each issue. Dr. Donald Cass of Los Angeles is the chairman, and Mr. John Hunton is the secretary. Component county societies and California Medical Association members are invited to present their problems to the committee. All communications should be sent to the director of the department, Mr. John Hunton, Room 2004, Four Fifty Sutter Street, San Francisco.

To: Harold Sugarman, M.D., Gerson R. Biskind, M.D., and John J. Sampson, M.D.

For exhibit on: "Clinical-Pathological Studies of Coronary Heart Disease by Means of Multicolored Radiopaque Coronary Artery Injections."

* * *

To: Lowell S. Goin, M.D., and Eugene F. Hoffman, M.D.

For exhibit on: "Cancer of the Bladder."

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Third Prizes

(Honorable Mention)

To: Clark M. Johnson, M.D., and Robert M. Burns, M.D.

For exhibit on: "Department of Urology, University of California."

* * *

To: Samuel Ayres, Jr., M.D., and Nelson Paul Anderson, M.D.

For exhibit on: "Dermatological Lesions of the Hands."

* * *

To: Medical Department: British War Relief Association of Northern California.

For exhibit on: "A Tribute to the Medical and Nursing Staffs of Great Britain and Her Allies."

* * *

To: Blind Division of California State Department of Social Welfare.

For exhibit on: "Study of Distribution of the Causes of Blindness in Recipients of Blind Aid in California."

* * *

To: Medical Department, San Quentin Prison.

For exhibit on: "Hospital Model; Population Chart; Orthopedic Roentgenology."

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (66)

Alameda County (1)

Clarence Earl Hass, *Berkeley*

Contra Costa County (3)

Clifford L. Feiler, *Lafayette*

Elwyn C. Gerow, *Walnut Creek*

William L. Thompson, *Richmond*

Fresno County (1)

J. E. Feldmayer, *Fresno*

Kern County (1)

Harry A. Bishop, *Bakersfield*

Los Angeles County (45)

Hyman Askin, *Chino*

George C. Bergman, *Los Angeles*

John Robert Black, *Los Angeles*

Albert Olov Blomquist, *Los Angeles*

Anthony Camero, *Los Angeles*

Matthew Campbell, *La Crescenta*

Benton Noble Colver, *Glendale*

Clarence Avery Darnell, *Los Angeles*

Edward C. Ehmke, *Los Angeles*

William J. Frederick, *Los Angeles*

Earl F. Gates, *Long Beach*

Merle Franklin Godfrey, *Glendale*

Dan Golenternek, *Los Angeles*

Reuben S. Grant, *Beverly Hills*

Nathan R. Gusinow, *Los Angeles*

Samuel D. Hart, *Los Angeles*

Louis L. Huff, *Inglewood*

Anker K. Jensen, *Los Angeles*

F. Harriman Jones, *Long Beach*

Paul F. Little, *Los Angeles*

Milton Z. London, *Los Angeles*

Christopher A. Mason, *Los Angeles*

Seth H. Miles, *Los Angeles*

Perry Nichols Pierose, *Los Angeles*

Milton M. Portis, *Los Angeles*

Harry J. Powers, *Los Angeles*

Arthur L. Richardson, *Pasadena*

Robert Riemer, *Los Angeles*

John Charles Rooney, *Santa Monica*

Sidney J. Rose, *Los Angeles*

Abe Rumack, *Los Angeles*

Carlos F. Sacasa, *Pasadena*

Seth William Sensiba, *Santa Monica*

Sidney Alexander Sheffner, *Los Angeles*

Herbert R. D. Shoemaker, *South Pasadena*

Simon Maximilian Shubitz, *North Hollywood*

David H. Sprong, Jr., *Santa Monica*

Dirk E. Stegeman, *North Hollywood*

Phillip E. Svec, *Los Angeles*

Joseph Travenick, Jr., *Los Angeles*

A. W. Truman, *Glendale*

Rogers F. Wakefield, *Pasadena*

Patrick M. Walker, *Los Angeles*

Ferdinand Welebir, *Los Angeles*

Daniel E. Ziskin, *Los Angeles*

San Bernardino County (1)

R. C. Green, *San Bernardino*

San Diego County (3)

Sol A. Beadner, *San Diego*

Robert S. McIver, *San Diego*

John C. Redell, *San Diego*

San Francisco County (4)

Wellington I. Clayes, *San Francisco*

Ivan J. Miller, *San Francisco*

Wirt S. Scott, Jr., *San Francisco*

Hale F. Shirley, *San Francisco*

San Mateo County (1)

Paul E. Anzinger, *San Mateo*

Santa Clara County (4)

Kenneth V. Francis, *Saratoga*

Edward F. Gerin, *Mountain View*

Edwin V. Lawry, *Palo Alto*

August Reich, *San Francisco*

Sonoma County (1)

William J. Newman, *Sonoma*

Tulare County (1)

William Porter Bowen, *Lindsay*

Transfers (7)

H. C. Archibald, from Monterey County to Alameda County.

Thomas M. Fullenlove, from Ventura County to San Francisco County.

Evan Grose Gamette, from Fresno County to San Mateo County.

Millard E. Gump, from San Diego County to Alameda County.

James M. Marshall, from San Luis Obispo County to Los Angeles County.

Ferrall H. Moore, from San Francisco County to Santa Clara County.

Leight H. Slocumb, from Orange County to Los Angeles County.

Retired Members (12)

Richard W. Baker, *Los Angeles County*

Willoughby G. Dye, *Los Angeles County*

William C. Finch, *Los Angeles County*

Peter M. Suski, *Los Angeles County*

Minnie A. Seavey, *Sacramento County*

†For roster of officers of component county medical societies, see page 4 in front advertising section.

William A. George, San Bernardino County
 Ross C. Martin, San Bernardino County
 Edgar James Farrow, San Diego County
 Trueman A. Parker, San Diego County
 Emma K. Willits, San Francisco County
 Michael W. Kapp, Santa Clara County
 Frank A. Yoakman, Ventura County

In Memoriam

Burkelman, Arnold. Died at Los Angeles, April 23, 1941, age 76. Graduate of Bellevue Hospital Medical College, New York, 1891. Licensed in California in 1901. Doctor Burkelman was a member of the Los Angeles County Association, a member of the California Medical Association, and a Fellow of the American Medical Association.

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Davis, Brett. Died at Los Gatos, May 12, 1941. Graduate of University of Kansas School of Medicine, Lawrence-Kansas City, 1909. Licensed in California in 1909. Doctor Davis was a member of the Merced County Medical Association and a retired member of the California Medical Association.

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Puthoff, Thomas Eugene. Died at San Francisco, May 15, 1941. Graduate of Stanford University School of Medicine, San Francisco, 1935. Licensed in California in 1935. Doctor Puthoff was a member of the San Bernardino County Medical Association, a member of the California Medical Association, and a member of the American Medical Association.

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Smith, Dudley Almonte. Died at Oakland, April 24, 1941, age 70. Graduate of Jefferson Medical College of Philadelphia, 1900. Licensed in California in 1900. Doctor Smith was a member of the San Francisco County Association, a member of the California Medical Association, and a Fellow of the American Medical Association.

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Van Dalsem, William Stoddard. Died at San Francisco, April 18, 1941, age 69. Graduate of Chicago Homeopathic Medical College, Illinois, in 1897. Licensed in California in 1897. Doctor Van Dalsam was a member of the Santa Clara County Association and a member of the California Medical Association.

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OBITUARY

Dudley Almonte Smith*†
 1871-1941

We have come here today to say good-bye, not to Dudley Smith, but to those charming outward appearances through which his great soul was made known to us who have loved him and will love him always. It is a great soul and that part of Dudley is not gone. That is the real Dudley who abides with us in friendship, and will abide. . . .

Dudley Smith thought little of himself or of his own interests, but, like all of us, he had the instinctive hope for immortality. But that hope of immortality was not for the perpetuation of Dudley Smith as he knew himself or as we knew him. Rather it was a trust in those imponderable unalterable verities: truth and righteousness, sacrifice

* Excerpts from remarks by Langley Porter, M. D.

† On April 24, 1941, Dudley A. Smith, for many years a member of the San Francisco County Medical Society, passed away after an illness of five weeks. Born in Creston, Ohio, January 1, 1871, Doctor Smith received his degree from Jefferson Medical School in Philadelphia in 1900, and came to California soon after, starting practice in Oakland in 1901. At first interested in obstetrics and gynecology, and a leader in that field, he later centered on proctology.

and kindness, which had come to him as a heritage from his race. A heritage passed directly to him by a noble mother and a father whose efforts had been to condition him wisely to meet the spiritual stresses and strains that life brings.

And how successful they were—that father and mother! They gave Dudley to the world, and all he asked was work enough to do, and strength enough to do it. And God was good to him. God gave him strength of mind, and strength of soul, and strength of body. Physical strength, courage, righteousness, and a limitless spirit of friendship.

Among his outstanding qualities were great charity and toleration. That is, he was tolerant of everything except untruth and the exploitation of the helpless; and how vehemently he came to the defense of such victims. And how his righteous indignation would burn and glow when he knew of a doctor unfaithful to his trust, or of a helpless person exposed unjustly to the criticism of his fellows or to the pressure of the law. And how vigorously he could come to the attack, charging with all his great intelligence and his intensity of emotion against such of his colleagues as he thought were acting in a way to defame the profession he loved or to damage or weaken the country which had his passionate devotion. . . .

That wry whimsical smile, that firm supporting pressure of his hand upon a shoulder. That wise friendly admonition; these have carried many a person across emotional depths that might easily have engulfed them. His love of children, his understanding of grown-ups, his willingness to forget himself on every occasion. It was through these expressions of nobility that Dudley Smith handed on his spiritual heritage in a way to make the world around him a nobler and a happier place. . . .

Every one of us has been better for knowing him. Every one of us has absorbed a little of that imponderable influence for good which he so thoroughly believed in. What came from Dudley Smith's undaunted life can never die. Whether we will or not, we must hand some of it on to our children, and they to their's. It is these imponderables, these essences of the good life which flow on through time and through eternity. Some words were spoken 2,500 years ago, and they could well have been meant for Dudley Smith today. An old Athenian orator said: "This good man has lived. Tomorrow let Jove cover the sky with black clouds, or flood it with sunshine, he shall not thereby render vain what lies behind. He shall not delete, and make never to have been, what once the hour has brought to us in its flight."

And now, dear Dudley, we leave here what was mortal of you and we go forth into the world, exalted by your love and by the undying spirit of your life. L. P.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. HARRY O. HUND.....President
 MRS. RENE VAN DE CARR.....Chairman on Publicity
 MRS. KARL O. VON HAGEN.....Asst. Chairman on Publicity

District Conference

Forty members from the San Diego, Riverside, and Los Angeles County Auxiliaries attended an all-day conference of the First and Second Councilor Districts at the Woman's Athletic Club in Los Angeles on Friday, April 25.

† As county auxiliaries of the Woman's Auxiliary to the California Medical Association are formed, the names of their officers should be forwarded to Mrs. Karl O. Von Hagen, Assistant Chairman on Publicity, 2435 Nottingham Avenue, Los Angeles. Address of the Chairman on Publicity: Mrs. Rene Van de Carr, 51 Prospect Road, Piedmont.

For roster of officers of state and county auxiliaries, see advertising page 6.

Mrs. A. E. Anderson, State President, assisted by Mrs. G. W. Coon and Mrs. Franklin Farman, District Councilors, presided at the meetings.

At the morning session, short talks by State Auxiliary officers resident in the two Districts—Mrs. F. G. Lindemulder of San Diego, Mrs. C. G. Stadfield of Los Angeles, Mrs. Arthur Newcomb of Pasadena, and Mrs. William Boeck of Beverly Hills—were followed by round-table discussions on *How to Improve the Auxiliary*, led by Mrs. G. W. Coon and Mrs. Ralph M. Smith of Riverside, and *The Auxiliary's Most Important Work*, led by Mrs. R. Emerson Bond of San Diego and Mrs. Ralph B. Eusden of Long Beach.

At luncheon, Dr. L. A. Alesen, Secretary of the Los Angeles County Medical Association, spoke on *The Relationship of the Auxiliary to the Medical Association*, urging that Auxiliary members in their contacts in women's clubs be prepared to speak against government encroachment on individual rights, not only in the field of medical economics, but in the whole field of economics.

Medical Information, Please, the San Diego Auxiliary's panel discussion plan of presenting a health program, was outlined briefly by Mrs. R. Emerson Bond, quiz leader, and Mrs. E. H. Christopherson, Mrs. Charles Rees, and Mrs. Hal G. Kelley taking the place of doctors around the quiz table. When such a program is given before an audience of laymen in San Diego, an Auxiliary member quizzes three physicians for forty-five minutes from a questionnaire previously made up by the doctors. A question period follows. Suggestions for a successful presentation were that the program be timed; that the men speak clearly and in simple language; that there be no monopoly by any one doctor, no argument, no controversial subjects; that answers be brief, and that treatment questions be avoided.

To the great delight of all present, Mrs. Willard Newman of San Diego read her true-to-life monologue, *The Doctor's Wife at the Telephone*.

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Accepting the hospitality of their president, Mrs. John N. Chain, members of the Woman's Auxiliary to the Humboldt County Medical Association motored to her country home and were served a delightful buffet luncheon. The meeting was the final one for the year.

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Mrs. Allen Pederson, President of the Santa Cruz group, announced at the April meeting, which was held in Watsonville, that only three general meetings will be held next year—January, May, and September. All routine business during the intervening months will be taken care of by the Executive Committee and the Board of Directors. The wives of the doctors from Camp McQuade were guests of the Auxiliary at its May meeting, which was held at the Rio Del Mar Country Club.

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On April 15, the Sacramento membership sponsored a fashion show for juveniles, the models being twenty daughters and sons of the group. Some of the older children entertained with piano, vocal, and dance numbers.

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One hundred and thirty-three members and guests of the Los Angeles County Auxiliary gathered at the Annandale Golf Club in Pasadena to hear Mrs. Thomas G. Winter, head of the Community Service Department of the Motion Picture Producers and Distributors of America, talk on *Pictures and the Political Crisis*. The Pasadena branch arranged the delightful luncheon.

During the regular luncheon meeting of the San Diego Auxiliary, Mrs. E. M. MacKay gave an interesting report

of the work being done in Southern California by Dr. Dorothy Smyle, who is Director of Medical Supplies of the British War Relief Association of Southern California. Doctor Smyle, who organized the Red Cross Motor Patrol during the last war, saw active duty in the hospitals of England and France. At present she is engaged in sending medical supplies to Great Britain by bomber and ship, having succeeded in assorting, classifying and sending approximately \$70,000 worth of drugs and instruments to the English people. Doctor Smyle was the guest speaker at the May meeting.

CALIFORNIA PHYSICIANS' SERVICE†

California Physicians' Service has completed one year of actual operation with sufficient volume to permit compilation of some interesting figures which are highlighted in the following article.

Enrollment of beneficiary members began in October, 1939. New members have been added to the service at the rate of approximately 1,200 a month. The present beneficiary membership as of May 1, 1941, is 25,378.

Analysis of the present membership shows that it is composed of 46 per cent men and 54 per cent women from various occupations, largely commercial and industrial. A sampling of income levels shows 60 per cent of the members have an annual income of under \$2,000 a year; 56 per cent are under the age of forty; 54 per cent are married.

Types of Illness Treated March, 1940, to February, 1941

	Per Cent
Physical examination only	2.2
Infectious	1.8
Noninfectious, general	9.2
Nervous	2.4
Eyes	7.8
Ears	2.2
Circulatory	5.3
Respiratory	19.6
Digestive	13.5
Genito-urinary	11.8
Skin	9.2
Bones—Locomotion	3.4
Accidents	8.0
Other	3.6

Respiratory diseases are, naturally, the highest, including influenza, sinusitis, tuberculosis, etc. California Physicians' Service treated ninety-four pneumonia cases during the year.

In the noninfectious-general classification are included thyroid gland and other glandular dystrophies. California Physicians' Service had twenty-six cases of cancer, most of them early.

Types of Medical Services rendered for all illnesses, March, 1940-February, 1941, may be classified as follows:

	Per Cent
Medical	68.8
Surgical	15.6
X-ray	7.7
Laboratory	7.9

Over 15 per cent for x-ray and laboratory indicates the high quality of service.

A breakdown of the volume of professional services to beneficiary members by types of visits shows that during

†Address: California Physicians' Service, 333 Pine Street, San Francisco. Telephone EXbrook 3211. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

the year 3,500 doctors treated approximately 13,000 patients. The figures demonstrate very clearly that the beneficiary members are exercising their right to select the physician of their own choice. Patients are widely scattered among the participating physicians. For example, in any one month over 90 per cent of the physicians who rendered service saw only five or fewer patients. This means also that no individual physician was financially penalized because of the unit value. The volume of business is shown by the following figures:

3,500 doctors made approximately 76,000 office calls
3,500 doctors made approximately 11,000 hospital calls
3,500 doctors made approximately 9,000 home calls

The following table shows incidence of illness for the period March, 1940 to February, 1941:

Month	Beneficiary Membership	Per Cent of Membership Treated	Units Per Patient
March, 1940	9,322	16.0	6.25
April	10,868	15.5	6.41
May	11,949	16.4	5.98
June	14,065	14.2	5.75
July	15,608	14.2	5.75
August	16,650	14.8	5.56
September	17,398	16.9	5.59
October	17,561	17.2	5.46
November	19,990	17.5	5.46
December	20,993	20.4	5.59
January, 1941	21,936	19.8	5.19
February	22,948	18.7	5.40

The ratio of administrative cost to income has changed rapidly during the past year, and has now reached a point where it is well under the 25 per cent allotted for this purpose. This, together with figures from the preceding table showing 15 per cent incidence of illness and six units of service per patient per month, are solid facts which predict the future of California Physicians' Service.

* * *

Farmers Form Experimental Health Group

The Farmers' Health Association has been organized by eighty Butte County farmers and their wives, it was announced yesterday after the group met at Oroville High School.

With a total membership of 120 farm families, the organization is an experimental one in group health insurance for low-income farm families in Butte County. It will serve as a model for the nation in providing almost complete medical, hospital, and drug service to farm families at a reasonable rate.

Formation of this medical coöperative was assisted by the Farm Security Administration, but now the group is completely independent. Officers elected were: Claude Lane, Gridley, president; Harold B. Elliot, Chico, vice-president; Don Parker, Palermo, secretary. The officers have signed the contract with the California Physicians' Service, which will furnish this medical service.—Chico Record, May 9, 1941.

* * *

Farmer's Health Association Formed

The Farmer's Health Association was organized last Wednesday night by an enthusiastic meeting of eighty farmers and their wives from all parts of Butte County, held at the Oroville High School. The total membership is 120 farm families, and the organization is an experimental one in group health insurance for low-income farm families in Butte County to serve as a model for the nation in providing almost complete medical hospital and drug service to farm families at a favorable rate.

Formation of this medical coöperative was assisted by the Farm Security Administration—but at this meeting the group became a completely independent organization. Officers elected for the ensuing year were Claude Lane, Gridley, president; Harold B. Elliott of Chico as vice-president, and Don Parker of Palermo as secretary. The officers signed the contract for the group last Wednesday night, with the California Physicians' Service which will furnish this medical service.—Paradise News, May 16, 1941.

* * *

Health Insurance

New Plan Pays the Big Bills

A group of California physicians announced yesterday a new type of budgeting for medical costs for men who can meet the small bills but are afraid of the big ones.

For \$1.20 a month they will provide complete surgical and hospital care, but not general medical attention.

For an additional \$1.35 a month, they will provide hospital care, but not medical or surgical attention, for wives and all minor children.

The new service was announced by California Physicians' Service and will be available this week to groups of employees in low-income brackets. It will supplement the present California Physicians' Service which, for \$2.50 a month, provides complete medical, surgical, and hospital care.

Under either plan, the employee can call any one of 5,300 doctors now working with California Physicians' Service and enter any of the hospitals in California which are now members of the nonprofit hospital service plans. In the San Francisco Bay area, hospitalization will be supplied by the Hospital Service of California, which includes nearly every leading hospital in this area.

"Men in the low-income brackets aren't worried about small medical bills," California Physicians' Service officials stated. "They can call and pay for their doctor to treat a cold or a headache or a sprained ankle.

"But they get worried when they think about an operation for appendicitis or a broken leg. They don't like to think about what might happen after an automobile wreck. They can't stand a sudden charge of several hundred dollars for a major operation or a prolonged stay in a hospital.

"This new plan is expected to appeal to many low-income families who are not prepared to pay these larger costs of operations or the treatment of injuries."

For his \$1.20 a month, the wage-earner will be furnished complete hospitalization for any illness, operation or accident, together with the doctor's services for all surgical operations at home or in a hospital. Under the terms of the plan, surgery is defined to include not only major or minor surgical operations, but also the treatment of broken or dislocated bones.

The original California Physicians' Service plan, providing complete medical, surgical and hospital care, was inaugurated two years ago and now covers more than 28,000 Californians. Membership in the new system will be available at the outset to groups of fifty or more employees. California Physicians' Service officials indicated the system will start first with employees in industrial plants, and that most of the members will, therefore, be men.—San Francisco Chronicle, June 3, 1941.

Eponym

Gaucher's Disease.—"L'épithélioma primitif de la rate, hypertrophie idiopathique de la rate sans leucémie [Primary epithelioma of the spleen, idiopathic hypertrophy of the spleen without leukemia]" was the title of Philippe Charles Ernest Gaucher's (1854-1918) thesis for the degree of doctor of medicine from the University of Paris in 1882. The following translation is the résumé of his conclusions:

"There is a peculiar kind of primary and idiopathic hypertrophy of the spleen to which I propose to give the name '*primary epithelioma of the spleen*' in accordance with its histologic characteristics.

"The clinical features of this disease are: gradual, progressive enlargement of the spleen to a considerable degree, with associated spontaneous pains and various compression phenomena, hemorrhage (epistaxis, purpura, and hemorrhagic gingivitis), occasionally jaundice resultant on secondary enlargement of the liver, without leukemia, intermittent fever or ascites, and terminating in a marked cachexia.

"The anatomic feature is a very large spleen (4770 grams) of uniform and even development, its surface smooth and regular, the color and form almost normal, but hard and sclerotic.

"The histologic characteristics are: complete replacement of the normal splenic elements by large, epithelial cells, irregularly rounded or polyhedral in shape, nucleated, and enclosed in the normal interstices of the hyperplastic splenic reticulum; interstitial hemorrhages; complete disappearance of the Malpighian corpuscles; partial disappearance of the blood vessels."—R. W. B., in *The New England Journal of Medicine*.

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for the News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Editorial Board: "California and Western Medicine."

At the 290th meeting of the Council of the California Medical Association held on February 23, 1941, a resolution was approved, providing for the appointment of an editorial board. (See minutes in *CALIFORNIA AND WESTERN MEDICINE*, April, 1941, on page 232, item 17). At Del Monte, on May 7, 1941, the Council took further action, as noted in item 3 of the minutes of the 293rd meeting of the Council. (Owing to lack of space in the current issue, minutes of the four meetings of the Council, held at the Del Monte annual session, must be held over for the July issue of the *Official Journal*). The excerpt concerning the editorial board follows:

Nominations for Editorial Board.—The special subcommittee, consisting of Councilors Moody, Packard, and Best, submitted their nominations for the Editorial Board. Several changes were suggested, after which, upon motion duly made and seconded, the revised list was adopted and the Chairman of the Council was authorized to proceed in accordance with the original resolution providing for the institution of an editorial board. The personnel and officers of the Editorial Board follow:

Chairman of the Board:

George D. Barnett

Executive Committee:

Sumner Everingham, Oakland, Chairman.
Mast Wolfsohn, Monterey.
Albert J. Scholl, Los Angeles.
George W. Walker, Fresno.
Chauncey D. Leake, San Francisco.

Anesthesiology:

Charles F. McCuskey, Glendale.
H. R. Hathaway, San Francisco.

Dermatology and Syphilology:

H. J. Templeton, Oakland.
William H. Goeckerman, Los Angeles.

Eye, Ear, Nose and Throat:

Frederick C. Cordes, San Francisco.
L. G. Hunnicutt, Pasadena.
George W. Walker, Fresno.

General Medicine:

George D. Barnett, San Francisco.
George H. Houck, Los Angeles.
Mast Wolfson, Monterey.

General Surgery (including Orthopedics):

Frederick C. Bost, San Francisco.
Clarence J. Berne, Los Angeles.
Sumner Everingham, Oakland.

Industrial Medicine and Surgery:

Richard O. Schofield, Sacramento.
Delos Packard Thurber, Los Angeles.

Plastic Surgery:

George W. Pierce, San Francisco.
William S. Kiskadden, Los Angeles.

Neuropsychiatry:

John B. Doyle, Los Angeles.
Olga Bridgman, San Francisco.

Obstetrics and Gynecology:

Erle Henriksen, Los Angeles.
Daniel G. Morton, San Francisco.

Pediatrics:

William A. Reilly, San Francisco.
William W. Belford, San Diego.

Pathology and Bacteriology:

David A. Wood, San Francisco.
R. J. Pickard, San Diego.

Radiology:

R. R. Newell, San Francisco.
Henry J. Ullmann, Santa Barbara.

Urology:

Lewis Michelson, San Francisco.
Albert J. Scholl, Los Angeles.

Pharmacology:

Chauncey D. Leake, San Francisco.
Clinton H. Thienes, Los Angeles.

Oakland Man Medical Group Vice-President: Dr. Charles A. Dukes Elected at Cleveland; Dr. F. W. Rankin Chosen to Head Association.—The San Francisco *Examiner* of June 6 printed the following Associated Press dispatch:

Cleveland, June 5.—Dr. Fred Wharton Rankin of Lexington, Kentucky, was named president-elect of the American Medical Association at a meeting of its House of Delegates today. He will succeed Dr. Frank H. Lahey in 1942.

Dr. Charles A. Dukes of Oakland, was chosen vice-president to serve during the current year, succeeding Dr. Parke G. Smith of Cincinnati. St. Louis was selected as the 1944 convention city.

Other general officers of the Association were reelected. They include Dr. Olin West, Chicago, secretary; Dr. Herman L. Kretschmer, Chicago, treasurer; Dr. H. H. Shoulders, Nashville, speaker of the house of delegates, and R. W. Fouts, Omaha, vice-speaker.

Section chairmen elected today were: Dr. Roy W. Scott, Cleveland, practice of medicine; Dr. Haven Emerson, New York, preventive and industrial medicine; Dr. James A. Dickson, Cleveland, orthopedic surgery; Dr. Arthur W. Allen, Boston, general and abdominal surgery; Dr. Phillip M. Stimson, New York, pediatrics; and Dr. Wallace M. Yater, Washington, pharmacology and therapeutics.

Change of Titles on Two Publications.—Beginning with the issue of April 19, 1941, the title of the current publication, *Weekly Health Index*, of the Department of Commerce, Bureau of the Census, Washington, was changed to *Weekly Mortality Index*. At the same time, the title of the current publication, *Weekly Accident Bulletin*, was changed to *Motor Vehicle Accident Deaths*.

The American Laryngological, Rhinological, and Otological Society, Inc.—The American Laryngological, Rhinological, and Otological Society, Inc., will hold its annual meeting at the Ambassador Hotel at Los Angeles, June 16, 17, 18, 1941.

This will be the first time the triological has ever met in Los Angeles.

The president of the Society is Dr. J. Mackenzie Brown of Los Angeles, and Dr. Robert C. Martin of 384 Post Street, San Francisco, is vice-president of the Western Section.

G. C. Pardee, M. D., Formerly Governor of California.—Climaxing fifty-two years of public service in the East Bay and throughout California, Dr. George C. Pardee, eighty-four, ex-governor of the state, resigned today from his posts as president of the East Bay Utility District and as a member of the Oakland Port Commission.

He will be succeeded as president of the Utility District by Grant D. Miller.

Formerly an eye, ear, nose, and throat specialist, Doctor Pardee was governor of the state from 1903 to 1906. He won commendation when he took personal charge of relief measures following the San Francisco fire of 1906.

He began his official career as mayor of Oakland in 1893, and served as regent of the University of California in 1898. Ill health was given as the reason for his resignation.—San Francisco *Call-Bulletin*, May 15, 1941.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

American Medical Association President Scores Critics' Attacks

Cleveland, June 2 (AP).—The American Medical Association today was exhorted to defend its policies against "destructive criticism by authors whose mental processes seem to have been influenced by Moscow or Berlin."

Retiring President Nathan B. Van Etten of New York accused certain "special interest groups" of attacking the American Medical Association as "a selfish, reactionary, antisocial, restraining influence, opposing activities of those desiring to practice group medicine."

"The old idle talk about a small group of persons dictating the policy of the American Medical Association still goes on," he declared before the American Medical Association House of Delegates at the opening of the association's ninety-second annual meeting.

Defends Executives

He reported three American Medical Association executives have been called a "triumvirate of dictators," and identified the three as Dr. Olin West, treasurer; Dr. Morris Fishbein, editor, and Dr. Will C. Braun, business manager, of the American Medical Association journal.

"I have never heard or seen any of them attempt to originate any policy," he commented.

A survey showing 95 per cent of the nation's physicians willing to support military service was cited as evidence of the association's integrity.

Boosts Free Choice Policy

The association's controversial policy of "free choice of physician" was reported to have stood the test of seven turbulent years.

"Some self-esteemed persons," Doctor Van Etten said, "have admitted freedom to choose a doctor is quite right for themselves as they carried their arthritis to Philadelphia or Boston, their surgery to outstanding operators and their eyes to the best ophthalmologists."

"Their denial of the value of free choice applies only to other less fortunate people. Mass medicine is wonderful for everybody except themselves. They would prescribe but cannot swallow their own medicine."

The House of Delegates was called upon to fight for the establishment of a national health department to be headed by an officer of cabinet rank.—Sacramento *Bee*.

Action Is Proposed to Fill Medical Needs

Chicago, June 2 (AP).—The executive council of the Association of American Medical Colleges announced today it is submitting to member institutions three recommendations on procedure aimed at helping the medical needs of the national emergency.

In each instance the council advised that the steps be taken "without lowering standards of medical education." The recommendations were:

1. Increase the enrollment of the 1941 entering class by 10 per cent.
2. Continue the required medical training of the fourth year during the summer of 1941 in order to graduate at an earlier date as many students as possible.
3. Study the need for and possibility of revising the schedule of instruction in medical colleges with a view to accelerating the output of graduates during the national emergency.

Dr. Russell H. Oppenheimer, dean of the school of medicine of Emory University of Atlanta, Ga., is chairman of the council.—Sacramento *Bee*.

Medical Groups Must Pay Fines in Antitrust Case*
Sentences Are Imposed for Restraint Against Health Society
Washington, May 29 (AP).—Justice James M. Proctor of the district court today fined the American Medical Association \$2,500 and the District of Columbia Medical Society \$1,500 for violation of the Sherman Anti-Trust Act.

* American Medical Association House of Delegates in Cleveland, June 4, 1941, voted to appeal the case.

The American Medical Association and the district society were found guilty of conspiracy to violate the act on April 4. At the same time eighteen physicians, including five officials of the American Medical Association, were exonerated.

In Health Group Case

In the trial attorneys of the justice department argued the two groups and the physicians conspired to obstruct the activities of Group Health Association, a federation of government employees organized to provide cooperative medical care.

They charged the association and its affiliated societies "concertedly restrained twelve Washington hospitals" by refusing the Group Health doctors the privilege of practicing in the hospitals and brought pressure to bear to prevent other physicians from consulting with the Group Health physicians.

Denied Obstruction

Officials of the two associations denied they had in any way obstructed Group Health activities and said their only interest was to assure that adequate medical care be provided under that or any other medical insurance plan.

The case hinged on whether the practice of medicine is a "trade" as defined in the Sherman Anti-Trust Act or a "learned profession" not subject to the same control as are business organizations. Justice Proctor in his original decision in the case declared it is not a trade, but he was reversed and a new trial ordered.—Sacramento *Bee*.

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Everyone Is Vitrally Concerned

On Friday, April 4, a Federal Grand Jury in Washington, D. C., found the American Medical Association guilty of "a criminal conspiracy to restrain trade." The decision has been appealed, and it is estimated that at least two years will pass before the final word is said by the Supreme Court. In the meantime, every citizen is vitally concerned with the issues at stake.

The principal issue is simply this: The right of physicians to control and influence the qualifications of hospital staffs, and to determine education and ethical standards for the rendering of medical care. That is a matter which has to do with the health and physical well-being of us all. Here in the United States, the quality of medical care has reached a level unequalled anywhere else in the world. Here in the United States, the average doctor is far better qualified to treat the sick than his counterpart in any other country. Here in the United States, astounding progress has been made by the medical fraternity in fighting the great scourges of mankind.

That has been the product of the American medical system. It is a system whereby the medical fraternity itself has had the basic right to control the training of internes, to establish standards of qualifications, and to see to it that the men who staff hospitals are able to properly care for the patients that come to them.

Those rights have been considered essential to the safeguarding of the public.

Is the medical profession to be forced to discard systems of ethics, codes of conduct, and standards of qualifications which have grown through the years in response to public need? That is the grave question which this case raises.—Editorial in the *Napa Register*, May 27, 1941.

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Board Dismisses Four Kern County Hospital Officials

Investigation of Kern General Hospital by unbiased outside authorities in the field of public medicine was ordered by the Board of Supervisors today at a tumultuous morning session which also brought the dismissal of four officials of the hospital.

Supervisor A. W. Noon of Taft moved for the dismissal of the quartet after he had risen to a point of personal privilege to explain that he was in accord with Dr. Joe Smith, chief health officer, in so far as Doctor Smith operated the hospital "in the interest of the public" and in so far as Doctor Smith "abided by the recommendations of the supervisors."

Supervisor Ralph Lavin made the motion for the hospital study. . . .—Bakersfield *Californian*, June 2, 1941.

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Doctors Raise New Issue

American Medical Association Group Wants Women Physicians Kept Out of Military Service

Cleveland, June 3 (AP).—The American Medical Association's House of Delegates, ruling body of American medicine, today recommended that women physicians be barred from active or reserve service in the Army and Naval Medical Corps.

The House declared that admission of women physicians to service would require a change in existing law and would require reconsideration of the program of construction of military hospitals and medical corps housing.

"This would hamper and immediately throw into confusion existing procedures under which the medical aspects of the defense program are developing," the delegates asserted.

The Board of Trustees authorized the Association to proceed with an appeal from the decision of the Federal District Court of Washington, which held the organization guilty of violating the Sherman Antitrust Law. The Association was sentenced last Thursday to pay a fine of \$2,500. . . .—Los Angeles Times.

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"Bacteria Slayer" Found to Be Greatest Aid in Cholera Cases

Berkeley, May 30.—A quarter century's work with bacteriophage, tiny "bacteria slayer," has resulted in establishing its importance in treatment of two maladies—dysentery and cholera.

Dr. Albert P. Kreuger, professor of bacteriology, University of California, and Dr. E. Jane Scribner, research assistant, publishing findings of their work in the *Journal of the American Medical Association*, reveal that this germ-killing virus has shown little promise for other maladies.

Encouraging results in large-scale research in use of bacteriophage in treatment of cholera have been reported from oriental countries, particularly India, the university scientists state. Doctor Kreuger, whose work with bacteriophage in the past fourteen years has won him international recognition, has presented his critical evaluation as an aid to the medical profession.

Work with bacteriophage was initiated twenty-five years ago, resulting in many attempts to treat a wide variety of diseases. At first, it was generally believed that invading bacteria were dissolved in the patient's tissues by action of phage. In his survey, Doctor Kreuger reveals that this mechanism does not function except in a very restricted field.—Oakland Tribune.

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Shasta Body Endorses Doctor for County Post

Redding (Shasta County), June 4.—Dr. Clarence H. Schilt has been endorsed by the Shasta County Medical Society for the post of full-time county physician and health officer.

The Board of Supervisors asked the Society for a recommendation after deciding to replace Dr. Thomas D. Wyatt, present part-time physician and health officer, with a full-time man.

The post will pay \$250 per month, plus living expenses at the hospital.

The Society informed the Board it will assist a full-time physician with a coöperative staff.—Sacramento Bee.

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Pseudo "Analysts" Rapped by Warren; Subject to License

A war against pseudopschoanalysts in California came today from Attorney-General Earl Warren.

He ruled that persons practicing psychoanalysis, psychiatry, or otherwise "diagnosing and treating patients for nervous and mental disorders," must be licensed by the State in the "healing arts."

If they are not so licensed, he declared, they will be violating the State Business and Professions Code.

The ruling was made at the request of C. B. Pinkham, Secretary of the State Board of Medical Examiners. He explained that he had asked it because of an "epidemic of pseudopschoanalysts in the State."

"Some of them read a couple of books and then start 'practicing,'" Pinkham said. "Now that we have the legal ruling we can put a stop to it."—Oakland Tribune, May 23, 1941.

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WPA Plans for Health Services in California Counties

San Francisco, May 22 (AP).—An \$85,000 Works Project Administration program which will mean greater public health services in the Redwood Empire and make possible the release of institutional workers for national defense, will be started soon. Northern California WPA Administrator William R. Lawson announced the project, involving Napa, Sonoma, Marin, Mendocino, Humboldt, and Del Norte counties, has received presidential approval.

It calls for nonmedical care of sick patients, immunization programs, kitchen and diet therapy, training of subsidiary health workers, preparation of surgical dressings, laboratory and clerical assistance, institutional sewing and cleaning and renovating.

"These services," Lawson explained, "are to be supplemental to, and not in lieu of, work which ordinarily is performed by the regular employees of the agencies."

Agencies in which the project will operate include public hospitals, clinics, out-patient departments, health departments, and camps.—Sacramento Bee, May 22, 1941.

Tax Group Seeks Resurrection of Plan on Health Meeting With Napa County Doctors to Be Sought; Col. Davis Speaks

St. Helena, May 13.—Seeking to revive the proposal for the establishment of a coördinated health department for Napa County, directors of the Napa County Tax League agreed to arrange a meeting with the Napa County Medical Association when they met in dinner session here last night.

Lowell Edington, secretary of the Tax League, was instructed to arrange the meeting. A county health committee made recommendations to the Napa County Board of Supervisors on the plan nearly two years ago but no action was taken by the county governing body. . . .—Napa Register, May 13, 1941.

* * *

American Medical Association Plea Denied

Washington, May 19 (UP).—Federal District Justice James M. Proctor today denied motions for a new trial by the American Medical Association and the District of Columbia Medical Society, which were convicted in March of conspiracy to violate the anti-trust laws.—San Francisco News, May 19, 1941.

* * *

State Medicine

Drive Starts Today for Signatures

Good health should be as free as California's highways.

So assert proponents of a new initiative bill which would immediately bring State medicine to California, put all doctors and dentists on the State pay roll, and furnish medical, hospital, and dental care to every citizen at State expense.

Signatures for this new proposal will be sought throughout Northern California today.

Circulation title and summary for the measure were dispatched to Avery C. Moore of 835 Fifty-first Street, Oakland, proponent of the measure, by Attorney General Earl Warren yesterday.

The proposal calls for creation of a State Department of Medical Care to administer the State-financed plan.

Facilities of all hospitals in the State would be made available to the State to the extent necessary, the State to pay the particular hospital for each "State" patient. Additional hospitals, nursing and maternity homes would be established by the State.

Other provisions:

Mobile "trailer" medical service would be provided for remote areas.

The State would provide financial aid for dependents of patients.

Physicians, dentists and others would have the right to elect whether to become "regular" practitioners by devoting full time to State work or "associate" practitioners by retaining private practice.

Medical and dental students would be educated at State expense.

The proposal contains no provision as to methods of financing.—San Francisco Chronicle, May 23, 1941.

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Two-Thirds of Mothers' Lives Could Be Saved, State Health Board Warns

The State Department of Health warned today that the lives of two-thirds of the women who die in pregnancy and childbirth could be saved by the extension of public health services, by adequate medical, hospital and nursing care, and if the women would follow medical advice.

It made public records of 313 maternal deaths in California this year of which 90 per cent were in hospitals.

Infection was the leading cause, accounting for 97 deaths. Hemorrhages took another 57, toxic condition another 46, heart disease, pneumonia, diabetes, etc., 28. Half the deaths from infection followed abortions, both spontaneous and induced.

"Only 55 per cent of the women who died during pregnancy and childbirth had prenatal care," Dr. Bertram P. Brown, state health director said, "while there is evidence that not all of those who did go to a clinic or a physician had adequately prenatal care."—San Francisco News, May 14, 1941.

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Health Plan Makes Peace

Deal Made With Medical Society

Its factional deadlock finally broken as a result of last week's election of directors, San Francisco's Health Service System for municipal employees last night ironed out its tangled affairs and made peace with the County Medical Society.

The new board of directors formally approved the schedule of fees proposed by the society to equalize medical and surgical fees and as a result the society tore up the mass

resignations of its doctors who are handling the health system's work.

Another important step, which has been delayed by the board's protracted deadlock, was acceptance of the resignation of Dr. Walter B. Coffey, medical director of the system, effective June 30, and appointment of Dr. Anthony Diepenbrock as assistant director at \$300 a month.

(Doctor Coffey recommended this step and Doctor Diepenbrock is expected to go in as director after June 30. His appointment is retroactive to May 1, when he took over the duties of assistant director. Doctor Coffey will go on sick leave today, without pay, because of inability to perform his duties. He was injured in a fall recently.)

In accepting Doctor Coffey's resignation, the board, through its former president, Cameron King, eulogized his services since the inception of the system three years ago. King said Doctor Coffey intends to use a portion of his personal fortune to establish a health foundation for municipal employees. . . . In the closing minutes of last night's session the board adopted a resolution to pay the various hospitals used by the system on an item by item basis for the next two weeks until a new arrangement can be worked out. The hospitals have complained that the flat daily rate paid by the system has been inadequate to cover the costs involved.—*San Francisco Examiner*, May 16, 1941.

Medics Answer Call

Chicago, May 2 (UP).—The American Medical Association announced tonight that more than 500 applications had been received from physicians in response to Britain's plea for 1,000 medical officers to aid the British Red Cross.—*Napa Journal*, May 3, 1941.

Doctors Hail Health Group's New Schedule

Head of County Medical Society Declares Fees Just Adopted Should Bring Coöperation

Adoption of a new fee schedule for the Municipal Employees Health Service System was hailed yesterday by Dr. Harold A. Fletcher, president of the San Francisco County Medical Society, spokesman for the 1,040 doctors who serve the System.

Said Doctor Fletcher:

"Adoption of the fee schedule by the Health Service Board presages, we hope, a new era of coöperation with the medical profession.

Anxious for Success

"We doctors are anxious to have the municipal employees' Health Service System succeed. It will succeed if the municipal employees take enough interest in the system to see that their representatives, the members of the Health Service Board, deal fairly with the doctors.

"After all it is the doctors who assume the entire financial risk of the system. This coöperation makes the system possible.

Act on Resignations

"The Board of Directors of the County Medical Society will meet soon to consider disposition of the mass resignation from the system handed in by the doctors to enforce adoption of the fee schedule. A total of 969 resignations was received out of a possible 1,040.

"Such a remarkable response demonstrates that the medical profession is solidly behind its representatives in their dealing with the Health Service System and that the doctors insist and will continue to insist on fair treatment. For our part, we doctors will continue our policy of coöperating with the system."—*San Francisco Examiner*, May 17, 1941.

Emergency Medical Aid: Long Beach

Long Beach is going to provide emergency medical service for all persons within its borders who may be in need of that service. The situation that has left accident victims and patients in acute illness to struggle for life without a physician's aid, and in some cases to die without having had medical attention, soon will be terminated as a result of energetic action by city officials, who are receiving the coöperation of the medical profession.

Two plans of providing emergency medical service were offered yesterday, and either or both of them may be acceptable as makeshifts while the city works out the ultimate solution of the problem through establishment of a receiving hospital. It will take time to provide the hospital, and meanwhile human beings may die for lack of medical care unless the substitute service is instituted.

The Harbor Branch of the Los Angeles County Medical Association recommends an arrangement by the city with Seaside, St. Mary's and Community hospitals—the three existing local hospitals—to perform the service of a re-

ceiving hospital. Under this plan the city would pay the three hospitals for employment of doctors to ride ambulances answering emergency calls. The city also would pay the hospital for emergency treatment, such as is given at a public receiving hospital, and pay for the ambulance service.

The annual costs to the city in the plan submitted by the medical association are \$10,800 for six doctors, \$3,600 for the hospitals, and \$3,000 for ambulance service, or a total of \$17,400 a year. For that expenditure Long Beach would be assured of prompt medical aid for any of its residents or visitors who might be injured or stricken, no matter at what time of the day or night the emergency occurred. . . . —*Long Beach Press-Telegram* (Editorial), April 19, 1941.

On Doctor Bills

That sore throats can be mighty expensive is shown in the example of Wendell Wilkie, business man, whose doctor bill for throat treatments while on his tour of the nation ran to \$250 a day, or \$13,000 for the entire trip. Dr. Harold Barnard, who traveled with Wilkie on his tour, will be offered about one-third of the total fee as a settlement by the Republican national committee.—*San Francisco Pacific News*, April 24, 1941.

Hospital Makes Plans to Extend Care on Outside Old-Age Pensions Basis of Program for Elderly Patients at Imola

A program has been commenced at Napa State Hospital to extend extramural care by means of pensions to numerous elderly patients, it was learned today.

A survey is being made of such cases under supervision of Dr. I. E. Charlesworth, medical superintendent, and the social service department. Forms are being completed on eligible cases to provide them with the old-age pension.

In compiling statistics on the seven mental hospitals of California, it has been found that there are more than 4,000 patients over 65 years of age. At least 1,000 of these are said to be suitable for extramural care.

Under Way for a Year

For more than a year the Department of Institutions has had under way negotiations with the Department of Social Welfare and with several county welfare departments for financing family care for such patients by means of old-age assistance. The question was raised, however, whether such patients, while still under jurisdiction of the Department of Institutions, being on parole and under guardianship of the secretary of the department, would be legally entitled to old-age assistance.

In an opinion recently furnished by the Attorney General it was held that neither the parole status nor that of being under the guardianship of the secretary of the Department of Institutions would render the elderly patients ineligible for old-age assistance.

To Find Homes

The program now under way involves selection of patients for parole, effecting the legal procedures for the appointment of the secretary of the department as their guardian of estate, obtaining old-age assistance, finding and licensing homes for their care and arranging for their supervision by the social service personnel.—*Napa Register*, April 24, 1941.

Mendocino Needs Stressed by Doctor Rapaport

The *News* yesterday presented the last of a series of articles which has focused attention once again on conditions which exist in some of the State's institutions.

Reaction to the articles, written by a former patient at Mendocino State Hospital, is expected to bring careful consideration in legislative circles to budget requests for more operating funds and some additional building funds.

That there is such a need is corroborated by Dr. Walter Rapaport, medical superintendent at Mendocino, who admits that "there are many conditions at Mendocino that could be improved."

Letters received by readers of the articles indicated a division of opinion on the statements made by the writer, some saying the charges were mild, others that the author was exaggerating.

Examples Asked

Doctor Rapaport said today he welcomes constructive criticism and wants specific examples of mistreatment, as charged by the author of the articles. He said that if brutalities can be proved he wants to take action, and urged any patient, past or present, to inform him of names and dates concerning any such incidents.

He pointed out the hospital needs "new buildings, some as replacements and some for additional patients, and better

classification of patients." He added that "better work" could be done with "increased personnel and added facilities and equipment. Concerning these matters, I have made my requests to the proper authorities. . . ."

Discussing charges of beatings on the part of some employees of the hospital, Doctor Rapaport said that "by and large they are a group of conscientious, honest, faithful and competent employees."

Some Charges Denied

"Naturally," he continued, "they are of the same stock as the general population and occasionally we get an incompetent, inefficient, untrustworthy employee and as quickly as we find such cases we proceed to reform them or dismiss them."

Doctor Rapaport said he would welcome "any legitimate complaints or suggestions," but would ask that the complaints be "definite, clear and sufficient so as to enable me to proceed with them according to law."

The superintendent specifically denied some of the charges made by the author of the articles, and admitted other charges to be partially or completely factual.

Doctor Rapaport listed as a "gross misstatement" the author's statements regarding the cost of food. He said the cost per meal now is \$.0739 as compared with \$.0654 before he became head of the institution. (The author said that \$.0772 per day was spent for food for those not working and that \$.1182 per day was spent for food for workers.)

The doctor said there are nine doctors, all psychiatrists, on the staff—including himself. This means only eight are available for ward duty, since Doctor Rapaport is engaged in administrative work.

One Doctor to 300 Patients

The American Psychiatric Association formula requires one doctor to 150 patients, he said, and "we feel it should be at least one to 200." At Mendocino, the ratio is one to 300. A doctor makes the rounds of the wards every day, and thus "sees" patients every day. A personal interview is not made, however, unless something is wrong with the patient.

Turning to problem of attendants, Doctor Rapaport said the total number of employees is 535, of whom 250 are attendants. The American Psychiatric Association formula calls for one attendant to six patients.

Variants of shifts and vacations, however, change the situation and actually one attendant cares for many more than six patients. Doctor Rapaport said he would prefer the ratio—which at Mendocino is about one to eleven—to be about one to eight.

He said attendants are difficult to obtain now, because of the defense program, and added that this difficulty always exists, because of the hospital's distance from San Francisco.—San Francisco News, April 29, 1941.

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Tuberculosis Needs Listed

County Lacks Sufficient Beds and Facilities, Supervisors Notified

A resolution requesting the board of supervisors to devise a means of providing an adequate number of beds for the treatment of tuberculosis in Los Angeles County was adopted yesterday by representatives of the five tuberculosis associations in this area.

Board members and executives of the Los Angeles Tuberculosis and Health Association, the Los Angeles County Tuberculosis and Health Association, the Long Beach Tuberculosis Association, the Pasadena Tuberculosis Association and the South Pasadena Tuberculosis Association met in the Biltmore.

Death Average Told

There has been an average of 1,525 deaths a year from tuberculosis in Los Angeles County during the past three years, the resolution pointed out.

"The standards of the American Public Health Association which have been accepted by the National Tuberculosis Association place the minimum number of sanatorium or hospital beds for the tuberculous in any community at two beds for each annual death from tuberculosis," the resolution said. This standard sets the minimum number of beds for Los Angeles County at 3,050.

Have 2,600 Beds

There are about 2,600 beds available for tuberculosis patients in Olive View Sanatorium, the Olive View outside sanatoriums, the General Hospital and private institutions, but because of the difficulty of rendering adequate medical service in some institutions the facilities cannot in all cases

be classified as the full equivalent of hospital beds, the resolution pointed out. . . .

Isolation Necessary

"Spread of infection from the estimated 13,735 cases of active tuberculosis in Los Angeles County can be stopped only by adequate isolation of persons with active tuberculosis," the statement said.

"That our isolation facilities are inadequate is shown by the fact that approximately 20 per cent of persons of high school age in Los Angeles have been infected by the germs of tuberculosis, although comparatively few high school students have actual active disease at the present time. Approximately 30 per cent of college age youths are infected and in selected groups of adults the rate rises to 50 per cent. All of these people were infected by persons with the disease in a communicable stage."

Long Waiting List

The tuberculosis associations reported that they had been informed that there are more than 700 persons in the area waiting for sanatorium treatment. . . .

Average Costs Listed

"Approximately 75 per cent of the patients admitted in the far advanced stages are dead at the end of eight years, while only about 10 per cent of the early cases died within that time. The average cost of treatment of an early case at Olive View is \$1,086.06, while it costs \$1,626.36 for the far advanced case. Treatment is successful in 58 per cent of the early cases whereas only about 9 per cent of the far advanced cases become apparently arrested."—Los Angeles Times, May 20, 1941.

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Annual Meeting

Two-Fold T. B. Program Is Planned

A two-fold program of tuberculosis prevention and education in definite classes of people was launched by the San Mateo County Tuberculosis and Health Association today as the result of the annual meeting in San Mateo's Benjamin Franklin Hotel last night at which a corps of officers headed by Attorney Bradford M. Melvin was unanimously elected to carry on the coming year's work.

The 1941 program will include:

1. The announced policy of giving free x-rays to every U. S. Army selectee before his medical examination.
2. The education of employers of domestics and servants in homes where there are children, and owners of public food handling businesses to the need of having employees undergo health examinations including chest x-rays before being employed, in the case of the servants, and to having store employees obtain health certificates.

That gains have been made and can continue to be made in the fight against tuberculosis was emphasized by outgoing President F. J. McConville of San Mateo, who disclosed that prevalence of the disease had dropped to 57 deaths in 1940, with 187 cases being reported. In 1930 there were 86 deaths; in 1920, 106. . . .—Redwood City Tribune, May 8, 1941.

* * *

Shasta to Get New Health Chief

Redding (Valley News Service).—Climaxing a controversy of many months over conditions at Shasta County hospital, the board of county supervisors voted unanimously yesterday to hire a full-time public health officer and county physician. At present the health chief is hired on a part-time basis and carries on a private practice.

The board will meet Monday to consider appointment of a health officer under the new setup. . . .

Dr. Thomas D. Wyatt was appointed health officer six weeks ago when the hospital fight had one of its periodical flareups.—Sacramento Union, May 8, 1941.

* * *

Census: San Francisco Metropolitan Area Climbs to Eighth Place in the Nation's Population

Some 1,428,525 persons now live in the San Francisco metropolitan area as compared to 1,290,094 ten years ago, a gain of 138,431.

This was revealed yesterday by the U. S. Census Bureau in a survey released in Washington.

According to the Associated Press, the San Francisco area growth during the last decade has been such as to place her in eighth place where in the last census she stood ninth.

The survey showed that 62,958,703 persons, or 47.8 per cent of all residents in the continental United States, live in 140 metropolitan areas. This is 8,205,058 more than lived in such areas in 1930 and compares with the nation's total population increase of 8,894,229 in the ten-year period.

A metropolitan area, the study explains, is a city or group of cities and their environs which form a contiguous area in which the average population has a density of at least 150 per square mile.

Because of congestion within city limits, most of the larger cities grew faster in their metropolitan areas than within their municipal boundaries, the survey declared. Growth in the decade was shown for each of the major metropolitan areas, although city limit figures had indicated declines for such cities as Philadelphia, Cleveland, St. Louis and Boston.

Rankings of the first ten areas were about the same as ten years ago except that the Los Angeles district edges a little ahead of the Philadelphia area for third place, and the San Francisco area nudged St. Louis out of eighth place.

Metropolitan area population rankings, the survey showed, differed from the standings of the cities according to the population within city limits. Under the latter rating, the first ten were New York, Chicago, Philadelphia, Detroit, Los Angeles, Cleveland, Baltimore, St. Louis, Boston and Pittsburgh. San Francisco was twelfth, behind Washington, D. C., in the city limit league.

To illustrate its point, the survey cited the fact that New York's metropolitan area, largest in the world, contained 11,690,520 in 1940, whereas the city proper counted only 7,454,995.

Metropolitan area rankings of the first ten cities follow:

	1940	1930
1. New York	11,690,520	10,902,424
2. Chicago	4,499,126	4,364,755
3. Los Angeles	2,904,596	2,318,526
4. Philadelphia	2,898,644	2,847,148
5. Boston	2,350,514	2,307,897
6. Detroit	2,295,867	2,104,764
7. Pittsburgh	1,994,060	1,953,668
8. San Francisco	1,428,525	1,290,094
9. St. Louis	1,367,977	1,293,516
10. Cleveland	1,214,943	1,194,989

—San Francisco *Chronicle*, May 16, 1941.

* * *

A Tribute

As a tribute to President Ray Lyman Wilbur, who celebrates his sixty-sixth birthday this Sunday, his last as president of Stanford University. *The Daily* reprints the following quotation which appeared in the March, 1941, issue of the *Journal of the Association of American Medical Colleges*:

With the close of the present academic year (Jan. 1, 1942—Editor's note), Doctor Wilbur will retire from the presidency of Stanford University after twenty-five years of service. Doctor Wilbur is one of the outstanding personalities in the whole field of education, humanitarianism, pedagogy. As a teacher, dean, and president he made a record which will always remain outstanding. He accomplished many things which improved whatever he set out to do. He left everything better than he found it when first contacted. He has held many positions of influence and trust, more than any other man of his time, and in each instance he has left his mark as a stimulus for emulation by his successors. The Association of American Medical Colleges is proud to number Doctor Wilbur as one of its ex-presidents after many years of service as a member of the Executive Council. His wisdom and experience contributed much to the success of the work done by the Association. Our best wishes for his success in whatever field he may engage after his retirement go with him. We say "au revoir" not "goodbye."—Stanford University *Daily*, April 11.

* * *

Decoration for J. C. Geiger, M. D.

J. C. Geiger, M. D., Director of Health of San Francisco, was recently granted by Generalissimo Chiang Kai-Shek of China—on the twenty-ninth anniversary of the National Revolution, October 10, 1940—the "White Cravat with Red and Blue Borders of the Illustrious Order of the Jade," with the following citation:

"For work of merit in public health in the Republic of China and among the Chinese population in San Francisco."

CONTENTS AND SUBJECT INDEX

(This is a continuation of the index of meetings of the House of Delegates. Continued from the front cover.)

Resolutions:

Resolution No. 3: California Physicians' Service, 332;	
Resolution No. 1: California Physicians' Service, 333;	
Remarks Concerning California Physicians' Service (Dr. Kilgore), 333; Resolution No. 2: Amendment to By-Laws: New Members Elected After June 30, 335; Resolution No. 4: Amendment to By-Laws: Needy Members—	
Council to Appropriate Funds, 336; Resolution No. 5: Industrial Accident Commission, 336; Resolution No. 6: Contract Practice, 336; Resolutions Nos. 7 and 11: Military Service, 337; Resolution No. 8: Selective Service, 337; Resolution No. 9: Scientific Exhibits, 339; Resolution No. 10: Hospitalization Subsidy, 339; Resolution No. 12: Payments for Medical Services, 339; Resolution No. 13: Pollution of Waters, 340; Resolution No. 14: Hospitalization Organizations, 340; Resolution: National Physicians' Service, 341	
Presentation of Officers.....	341
Adjournment.....	342

LETTERS†

Concerning Malpractice Suits Based on Claims of Prenatal Injuries.

(COPY)

STATE OF CALIFORNIA
OFFICE OF LEGISLATIVE COUNSEL

Sacramento, California,
August 15, 1940.

H. T. Woodward, M. D.
675 Bow Avenue
Point Loma, California

Subject: Civil Code Section 29, re rights of unborn child.
Request: No. 6801.

Dear Doctor Woodward:

In our letter of March 18, 1940, we submitted to you, under the above request, two possible alternative methods of limiting the right of a minor to sue for prenatal injuries under the provisions of Section 29 of the Civil Code, as that section has been construed in the case of *Scott vs. McPheeters* (1939), 33 Cal. App. (2d) 629. One of these methods was an amendment to Section 29, incorporating in that section the common law rule which denies any right of action to the child for prenatal personal injuries, and the other was the addition of a new section to the Code of Civil Procedure to limit the period for bringing such actions to four years.

In your letter of April 2, 1940, you express approval of the idea of limiting the period for commencement of action to four years, but raise a question concerning the constitutionality of the proposed limitation, suggesting that it may be class legislation, and discriminatory in that the minor would be prohibited from bringing an action after four years, while C. C. P. 376 would still permit suit to be brought by the parent or guardian of the child on his behalf up to twenty-one years.

We have, therefore, reconsidered the problem, and believe that we have discovered a more effective way to accomplish the same result. Instead of adding a section to the Code of Civil Procedure to limit the time for commencing action, we think it would be better to incorporate the limitation in Civil Code 29 itself, by amending that section to read as follows:

29. A child conceived, but not yet born, is to be deemed an existing person, so far as may be necessary for its

† CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.

interests in the event of its subsequent birth; but any action by or on behalf of a minor for personal injuries sustained prior to or in the course of his birth must be brought within four years from the date of the injury, and the time such minor is under any disability mentioned in Section 352 of the Code of Civil Procedure shall not be excluded in computing the time limited for the commencement of the action.

The advantage of this method is that it removes all possibility of the period for suit being again extended to twenty-one years under the provisions of C. C. P. 352. The limitation on time for suit becomes a condition to the right granted by the section and is thus more than a procedural statute of limitations.

Where by statute a right of action is given which did not exist by the common law, and the statute giving the right fixes the time within which the right may be enforced, the time so fixed becomes a limitation or condition on such right, and will control, no matter in what forum the action is brought. (37 Corpus Juris 732, par. 51. To same effect, see *Tutsch vs. Director General of Railroads* (1921), 52 Cal App. 650.)

In our opinion this provision is not constitutionally objectionable as class legislation.

It is well established that the constitution does not forbid all classification. A law is general and uniform and affords equal protection in its operation when it applies equally to all persons embraced within the class to which it is addressed, provided such class is founded upon some natural or intrinsic or constitutional distinction between the persons composing it and others not embraced in it. (5 California Jurisprudence 824, "Constitutional Law," par. 189.) The class to which the law is intended to apply must not only be separated from all other classes by some natural, intrinsic or constitutional distinction, but the distinction must be of such a nature as reasonably to indicate the necessity or propriety of legislation restricted to that class. (5 California Jurisprudence 830, "Constitutional Law," par. 192.) But the legislative determination as to what is a sufficient distinction to warrant the classification will not be overthrown unless it is palpably arbitrary. (5 California Jurisprudence 833, "Constitutional Law," par. 193.)

The distinction made by C. C. 29 as proposed to be amended is not a direct distinction between unborn children and those children who have been born, but rather a distinction between prenatal and postnatal injuries in respect to the time within which action can be brought thereon by the injured person, since in all cases the child must have been born alive to come within the terms of the section at all. However, the same natural and intrinsic basis for this distinction exists as for the distinction made by the common law between the unborn and the born, which operated to deny any right whatever to a child for injuries sustained prior to his birth, a distinction inherent in the physical nature of mankind.

The relationship of this distinction between prenatal and postnatal injuries to the periods within which actions may be brought manifests itself in a consideration of the burden of defense in actions for the two types of injuries. The burden of defense of an action by a plaintiff whose very existence as a physical and legal person was, at the time of the act or negligence complained of, uncertain and contingent upon his subsequent birth, and of whose existence the defendant may at that time have been unaware, is clearly greater than the burden of defending an action by a plaintiff in certain and evident existence at the time of the injury. The length of time allowed for commencing action also has a direct relation to the burden of defense. It is, therefore, entirely reasonable to provide a shorter period in the case where the burden of defense is already heavier.

In your letter of April 2 you suggest that the proposed amendment might be held to be discriminatory "since the proposed amendment would limit a minor, through its

parent or guardian, from bringing an action after four years, while Section 376, C. C. P., would still allow suit to be brought in behalf of the minor up to twenty-one years." It is true that the District Court of Appeal in *Scott vs. McPheeters* (1939), 33 Cal App. (2d) 629, stated at page 631 that the statute of limitations does not run on an action by a parent for the injury or death of a minor child caused by the wrongful act or neglect of another person until the child arrives at the age of majority, citing C. C. P. 352, subdivision 1. The Supreme Court, however, in denying a hearing in the case, expressly withheld approval of this statement, which is an incorrect statement of the law.

An action under C. C. P. 376 is not an action on behalf of the child, but is, as indicated by the Supreme Court, an action by the parent "in his or her own right," to recover those damages which the parent sustained as a result of the injury or death of the child. These damages include the medical expenses to which he was put, and the loss of the earnings of the child which he sustained. This action of the parent is an action entirely different and apart from any right of action which accrues to the child. The separate rights of action which accrue to the parent and to the child may be illustrated by the cases of *Finnerty vs. Cummings* (1933), 132 Cal. App. 48, and *Edgar vs. Citraro* (1931), 112 Cal. App. 183. In the *Finnerty* case a mother who had already brought action in behalf of the child, as guardian *ad litem*, subsequently brought action in her own right for the medical expenses and loss of the child's earnings. In the *Edgar* case, both a mother and daughter were injured in an automobile accident. The court pointed out with great clarity that the accident gave rise to three separate and distinct rights of action, one by the daughter for her injuries, one by her father and mother for their losses occasioned by the injuries to their daughter, and the third by the mother and father for the injuries to the mother.

Since the action under C. C. P. 376 is an action by the parent in his own right, C. C. P. 352, which operates to extend the ordinary period of limitations for those persons under disability, cannot apply except in those instances where the parent is himself under disability, and the fact that the action is for injury or death of a minor is irrelevant to the determination of the period of limitations applicable to the parent's action.

It is, therefore, apparent that the period of limitation allowed in actions under C. C. P. 376 has no bearing whatever upon the question of the time allowed for actions in behalf of the child, since the causes of action are of different nature and accrue to different classes of persons, and the contention that the proposed limitation on actions by or in behalf of the child is discriminatory because of the different period of limitations allowed for actions by the parent cannot be sustained.

We have made this extremely long and complicated explanation for the purpose of dissipating any confusion in your mind which may have resulted from the misleading statement of the District Court of Appeal in the *McPheeters* case, and of explaining our opinion that the proposed amendment would be constitutional. If this proposed amendment to C. C. 29 meets with your approval, we shall be glad to prepare it for introduction as a bill and to transmit copies to Senator Fletcher upon receipt of advice from you that you find it satisfactory. If you have any further questions or criticisms, however, please do not hesitate to let us know, and we will endeavor to prepare a satisfactory draft.

Very truly yours,

FRED B. WOOD,
Legislative Counsel.

By (Mrs.) HARRIET R. BUHLER,
Assistant Counsel.

Concerning Splints for Infantile Paralysis Patients.

THE NATIONAL FOUNDATION FOR INFANTILE PARALYSIS
INCORPORATED
120 BROADWAY
NEW YORK

May 16, 1941.

To the Editor:—The National Foundation is trying constantly to give every possible aid to infantile paralysis patients through the combined efforts of its Chapters and the parent organization.

Within the scope of its national activities the Foundation is carrying on an extensive educational campaign as to the proper care and treatment of poliomyelitis patients, and whenever an outbreak of epidemic proportions occurs it stands ready to render every assistance that it can command.

One of the many responsibilities that the Foundation has assumed as an invaluable aid to infantile paralysis patients in the acute stages is the free distribution of Toronto splints and Bradford frames in epidemic areas and to indigent persons, regardless of age, who may need them. Over 3,000 of these appliances have been used during the past two years, and our central supply depot in New York City is ready to meet any future deserving requests for these splints and frames.

The enclosed booklet, "Splints," describes in detail the method of distribution and proper use of these orthopedic appliances. It has been widely distributed throughout the country with the hope that no person in need of such equipment shall suffer through lack of knowledge of its availability.

There is no charge for these splints and frames except expressage, and they can be obtained upon the request of any County Chapter officer or responsible person in the medical profession.

I know I can count on your coöperation in the work that the National Foundation is doing.

Very truly yours,

BASIL O'CONNOR,
President.

Concerning Use of Electric Current by Cosmetologists.

STATE OF CALIFORNIA
DEPARTMENT OF
PROFESSIONAL AND VOCATIONAL STANDARDS
BOARD OF MEDICAL EXAMINERS

San Francisco, California,
May 20, 1941.

To the Editor:—Enclosed please find copy of Attorney-General's Opinion No. NS-3143, which we thought might be of interest.

Very truly yours,

C. B. PINKHAM, M. D.,
Secretary-Treasurer.

✓ ✓ ✓

(COPY)

STATE OF CALIFORNIA
LEGAL DEPARTMENT

San Francisco, December 17, 1940.

Charles B. Pinkham, M. D.
Secretary-Treasurer
Board of Medical Examiners
1020 N Street
Sacramento, California.

Dear Sir: In your request of recent date you state that you have received many letters from licensed cosmetologists asking whether they are permitted under the authority conferred by their license to introduce an electrical cur-

rent into the human system for the purpose of reducing an overweight person. Your letter states:

Overweight is commonly accepted by the medical profession today as due to imbalance of the glands of the human body.

Assuming the correctness of this view, or, at least, that overweight is a disordered physical condition, the cause of which may not be known with certainty, the treatment thereof by a person not licensed to treat such disorder in the manner, system or mode employed would constitute the unlawful practice of the healing arts.

Business and Professions Code, Section 2141, commonly referred to as the statute defining the "unlawful practice of medicine," reads as follows:

Any person, who practices or attempts to practice, or who advertises or holds himself out as practicing, any system or mode of treating the sick or afflicted in this State, or who diagnoses, treats, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other mental or physical condition of any person, without having at the time of so doing a valid, unrevoked certificate as provided in this chapter, is guilty of a misdemeanor.

As pointed out in Opinion NS-3128, copy of which is attached hereto, in determining whether a violation of said code section exists we must bear in mind that if the person in question holds a certificate issued by a duly constituted administrative board of this state, whether under the Business and Professions Code or of some other law of this state, authorizing said person to practice or perform the acts in question, said person would not be guilty of a misdemeanor under Business and Professions Code, Section 2141. This is based upon the principle that "all statutes which relate to the same general subject—briefly called statutes in *pari materia*—must be read and construed together as one act, each referring to and supplementing the other, though they are passed at different times." (23 Cal. Jur., p. 785.)

An examination of the Cosmetology Act (Business and Professions Code, Div. II, Chap. 10) discloses no provision thereof authorizing anyone licensed thereunder to treat for overweight by introducing an electrical current into the human system or to treat *such disorder* by any other mode or system. Consequently, one holding a cosmetologist's license violates Business and Professions Code, Section 2141, when he treats a person for overweight by electrical current or otherwise.

The view that the use of electrical current in the treatment of human beings constitutes the practice of medicine is in accord with the weight of authority in this country. Thus, in *Joyner vs. State*, 179 So. 573, decided by the Supreme Court of Mississippi in 1938, we find this language:

* * * and treatment by means of electricity, known as electrotherapy, are methods commonly adopted by physicians and surgeons, as taught in their institutions, established by their highest authorities in the field of surgical and medical science, and, by general acceptance, regarded as pertaining peculiarly to these professions.

Electrotherapy is defined in medical jurisprudence as the use of different forms of electric machines for therapeutic purposes, and before an electrotherapist can follow his profession he must obtain, at least in some states, a license authorizing him to practice in that particular field. This practice has not been recognized in our state as a distinct science, separate and apart from the field of medicine or surgery; and, since the use of electrical appliances for the treatment of disease is ordinarily regarded as pertaining to these particular fields, it is not lawful to engage in the practice of these methods without being licensed as a physician and surgeon.

In Herzog's Medical Jurisprudence, Section 112, page 89, it is said that limited practitioners are authorized under the laws of some states, and that they are limited to the practice of one or more branches of medicine, or some special system for treating disease, and in which are chiropractors, osteopaths, electrotherapists, and others, the practice of chiropractics and electrotherapy being recognized as separate and distinct arts or sciences. Each practitioner is required, by law, to practice his profession according to the established practice of his own particular field, as recognized under the laws of his own state.

In *Heintze vs. New Jersey State Board of Medical Examiners* (Supreme Court, N. J. 1931), 153 Atl. 253, the Court said:

He (a licensed chiropractor) * * * treated * * * by the use of vibrator, electric light, galvanic current, etc. * * *. That such practice is outside of a license to use chiropractic, and within the domain of medicine and surgery seems entirely plain.

See also:

State vs. Boston (Supreme Court of Iowa, 1938) 278 N. W. 291;

For collection of cases supporting the above view, see American Digest System, "Physicians and Surgeons" Key No. 6.

This opinion should not be construed as holding that a licensed cosmetologist may not under any circumstances use electrical current in the practice of his or her art. The authorized practice of the art of cosmetology expressly includes the use of electrical current under the circumstances set forth in the Cosmetology Act. Thus, a licensed electrologist is authorized to use an electric needle to "remove hair from, or destroy hair on, the human body." (Business and Professions Code, Section 7341.) Again, the art of cosmetology includes:

(b) Massaging, cleaning or stimulating the scalp, face, neck, arms, bust or upper part of the human body, by means of the hands, devices, apparatus or appliances, with or without the use of cosmetic preparations, antiseptics, tonics, lotions or creams.

And a licensed

* * * hairdresser and cosmetician or cosmetologist is any person who engages in the practice of cosmetology or in a majority of the branches thereof, *except the branch of electrolysis*.

Therefore, while a licensed cosmetologist is authorized to use "apparatus and appliances" (which would seem to include electrical varieties thereof) in "massaging, cleaning or stimulating the scalp, face, neck, arms, bust or upper part of the body," he or she may not practice electrolysis.

Electrolysis is defined by Webster's New International Dictionary as the:

Act or process of chemical decomposition by the action of electric current.

It is my understanding that there is a definite distinction between the use of an electrical apparatus, for example, a vibrator, as used in giving a *massage*, and the use of an electrical current introduced *into* the human system, or the practice of electrolysis.

It is, therefore, my conclusion that a licensed cosmetologist is not authorized to treat for overweight by introducing an electrical current into the body.

Very truly yours,

EARL WARREN, *Attorney-General*.

By THOMAS COAKLEY, *Deputy*.

Concerning Pay Clinics: Opinion of Attorney-General of California.

STATE OF CALIFORNIA
DEPARTMENT OF
PROFESSIONAL AND VOCATIONAL STANDARDS
BOARD OF MEDICAL EXAMINERS

May 26, 1941

Re: Pay Clinics

To the Editor:—Enclosed herewith please find copy of opinion NS 3418, rendered by Attorney-General Earl Warren, April 15, 1941, to Bertram P. Brown, M. D., Director of Public Health, and referring to an application for permit to operate a private pay clinic to be conducted by a licentiate of the "Board of Osteopathic Examiners of this State, who is described as 'Medical Director', and by

a named person who is not licensed to practice any of the healing arts in this State." . . .

Very truly yours,

C. B. PINKHAM, M. D.,
Secretary-Treasurer.

(COPY OF OPINION)

San Francisco, April 5, 1941.

Bertram P. Brown, M. D.,
Director of Public Health
603 Phelan Building
San Francisco, California

Dear Sir:

Your letter of January 31, 1941, together with exhibits attached thereto, involves an application made for a permit to operate a private pay clinic pursuant to Sections 1200-1251, inclusive, of the Health and Safety Code of this State, commonly called the Clinic and Dispensary Law. The application recites that the clinic is maintained, conducted and operated by a named licensee of the Board of Osteopathic Examiners of the State, who is described as "Medical Director," and by a named person who is not licensed to practice any of the healing arts in this State. The application further recites that said licensee is responsible for the maintenance, conduct, and operation of the clinic and that the unlicensed person acts as manager thereof.

The exhibits attached to your letter indicate that the unlicensed person is the owner of the property and business and that the licensee is in the former's employ.

The question is whether the Board of Public Health may issue a private pay clinic permit under the above facts. It is my opinion that a permit may not lawfully be issued.

Health and Safety Code, Section 1207, defines a private pay clinic as one "operated by any practitioner of the healing arts licensed to practice under any law of the State. . . ."

Health and Safety Code, Section 1212, reads as follows:

No private pay clinic shall be operated by a corporation or by any person not duly licensed under the laws of the State to practice medicine, surgery, dentistry, osteopathy, chiropractic, or drugless healing.

The term "operate" as used in the Clinic and Dispensary Law, *supra*, "includes 'conduct' and 'maintain' and any of their variants." (Health and Safety Code, Section 1201.)

Webster's New International Dictionary (2nd Ed., published in 1941) defines the term "maintain" as follows: "To bear the expense of; to support; as to maintain a family."

"Conduct" is defined by the same authority as follows: "To have the direction of; to manage; to direct; to carry on."

The following language also appears in Webster's: "Conduct stresses the idea of immediate supervision or personal leadership."

Applying the foregoing meaning of the term "operate" to the facts of the instant case, it is my opinion that the unlicensed person operates the clinic. Such being the case, a permit may not be issued (Health and Safety Code, Section 1212, *supra*).

The fact that a licensed practitioner may be "responsible for the operation of the clinic" (see Health and Safety Code, Section 1219 and line 9 of the application) with respect to the actual treatment of patients, does not, as I interpret this particular law, alter the situation with respect to the issuance of a permit. It appears to be the legislative intent, as expressed in Health and Safety Code, Sections 1201, 1207, and 1219, *supra*, that unlicensed persons shall not, as to private pay clinics, have the degree of control, management or supervision existing in the case presented, viz., ownership of the business plus active management thereof.

Indeed, it is doubtful if the legislature intended the issuance of such permit where an unlicensed person has any interest whatsoever by which he may exercise ultimate control or authority over the activities of the clinic. This doubt is based in part upon the language of the Code sections referred to above and in part upon Health and Safety Code, Section 1214, which reads in part as follows:

This chapter does not authorize any person other than a licensed practitioner of a healing art, or any corporation, except as expressly provided in this chapter, to furnish to any person medical or surgical advice, services, or treatment. . . ."

Obviously, if, as appears in the instant case, the unlicensed owner of the clinic agrees with the patient to furnish, for a consideration, room, board, medicine, and the services of a licensed practitioner, or such services without room, board and medicine, such unlicensed operator comes within the provisions of Health and Safety Code, Section 1214, which, by inference, prohibits such procedure.

I am returning herewith the exhibits which accompanied your letter of January 31.

Very truly yours,

EARL WARREN, *Attorney-General*.
By Thomas Coakley, *Deputy*.

Concerning Psycho-analysis for Compensation.

STATE OF CALIFORNIA
DEPARTMENT OF
PROFESSIONAL AND VOCATIONAL STANDARDS
BOARD OF MEDICAL EXAMINERS
San Francisco, California.

June 2, 1941.

To the Editor:—We enclose herewith copy of Attorney-General's opinion, No. NS 3534, dated May 22, 1941, which we thought might be of interest to readers of CALIFORNIA AND WESTERN MEDICINE.

We have had frequent inquiries from various licentiates throughout the State as to the status of the practice of psycho-analysis for compensation by individuals not licensed under the Business and Professions Code relating to the practice of medicine.

With kindest personal regards, believe me

Very truly yours,

C. B. PINKHAM, M. D.,
Secretary-Treasurer.

✓ ✓ ✓
(copy)

STATE OF CALIFORNIA
LEGAL DEPARTMENT

San Francisco, May 23, 1941.

Board of Medical Examiners

515 Van Ness Avenue

San Francisco, California

Attention: C. B. Pinkham, M. D.

Secretary-Treasurer

Gentlemen:

You ask my opinion as to whether the practice of psycho-analysis for compensation by a person not licensed to engage in the healing arts in this State constitutes a violation of Business and Professions Code, Section 2141.

Business and Professions Code, Section 2141, reads as follows:

Any person, who practices or attempts to practice, or who advertises or holds himself out as practicing, any system or mode of treating the sick or afflicted in this State, or who diagnoses, treats, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other mental or physical condition of any person, without having at the time of so doing a valid, unrevoked certificate as provided in this chapter, is guilty of a misdemeanor.

The American Illustrated Medical Dictionary (Edited by W. A. Newman Dorland, A. M., M. D., Eighteenth Edition, 1940), defines psycho-analysis as follows:

The method of eliciting from nervous patients an idea of their past emotional experiences and the facts of their mental life, in order to discover the mechanism by which a pathologic mental state has been produced and to furnish hints for psychotherapeutic procedures."

The same lexicographer, in the American Pocket Medical Dictionary (Sixteenth Edition, 1939), described psycho-analysis as:

A method of diagnosing and treating nervous conditions through ascertaining and analyzing the facts of the patient's mental life.

Webster's New International Dictionary, Unabridged (Second Edition, 1941), defines psycho-analysis as follows:

The method developed by Sigmund Freud for analyzing the content and mechanisms of a person's mental life for purposes of psychotherapy. By dream analysis and similar devices it aids the patient to discover and relieve his unconscious memories and desires and to adjust his mental conflicts. . . ."

The practice of psycho-analysis, defined by the above-named lexicographers, undoubtedly comes within the prohibition of Business and Professions Code, Section 2141, *supra*, for certainly under said definitions a psycho-analyst "diagnoses. . . a mental condition." If, in addition, and such would appear to be the case from the above definitions, the psycho-analyst "treats" persons for their mental disorders or conditions, then he brings himself that much further under the terms of Business and Professions Code, Section 2141; similarly, if he advertises or holds himself out as diagnosing or treating mental disorders or conditions.

Whether the unlicensed person has done any of the things declared to be unlawful by Business and Professions Code, Section 2141, is a question of fact to be determined in each case.

Very truly yours,

EARL WARREN,
Attorney-General.

(Signed): THOMAS COAKLEY,
Deputy.

MEDICAL JURISPRUDENCE†

By HARTLEY F. PEART, ESQ.
San Francisco

Vasectomy and Salpingectomy Under California Law (Continued)

PART II*

VASECTOMY AND SALPINGECTOMY FOR CONTRACEPTIVE PURPOSES

Criminal Liability.—At common law, sterilization constituted the crime of mayhem, since sterilization at that time consisted of castration. The gist of the crime of mayhem at common law was the deprivation of one's ability to serve the king or to defend himself, and, accordingly, no one was given the right to consent to the infliction upon himself of an injury likely to deprive him of such ability. The modern operations of vasectomy and salpingectomy apparently do not render the person impotent nor destroy his health in any manner; and it is, therefore, doubtful whether these operations would constitute mayhem *under the common law definition of the same*. However, California Penal Code, Section 203, provides for this state a definition of mayhem which is broader than the common law. The section states:

Every person who unlawfully and maliciously deprives a human being of a member of his body, or disables, disfigures, or renders it useless, or slits the nose, ear, or lip, is guilty of mayhem.

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from and syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.

* For Part I, see CALIFORNIA AND WESTERN MEDICINE, May, 1941, page 296.

Under this section there is some doubt as to whether an operation which, though it does not destroy the physical strength or render the male impotent, yet renders an organ useless for the purpose of procreation, constitutes the crime of mayhem.

The California mayhem statute is discussed by the Hon. Justin Miller and Gordon Dean, Esq., in the March, 1930, issue of the American Bar Association Journal at page 159, as follows:

Some states apparently have departed entirely from the concept of the common law and make the crime consist in the unlawful and malicious removal of a member of a human being or the disabling or disfiguring thereof or rendering it useless. The operations of vasectomy and salpingectomy would render useless the procreative organs, in the sense that they would no longer be useful for procreation. For the gratification of sex desires, for satisfying the law as to potency, for committing the crime of rape, they would still be useful. In each case the answer might vary according to the point of view of the patient or of the judge.

... Where the statute speaks in terms of "rendering useless" a member or organ of a human being, there is the possibility of a decision either denying or establishing liability.

Hence, it is an open question whether sterilization of the male constitutes mayhem in California. There are no appellate court decisions in point. The only cases having any bearing are *People vs. Schoedde*, 126 Cal. 373, which, in effect, holds castration to be mayhem, and *People vs. Wright*, 93 Cal. 564, which holds that *malice aforethought* is not an essential element of the crime. From the case last mentioned, one can only conclude that if sterilization is, under some circumstances, mayhem, then consent of the patient is not a defense.

As the interpretation of the words "or renders it useless," which appear in Penal Code, Section 203, would depend to a large extent on the attitude of the courts concerning the morality of sterilization, search must be made as to the present attitude toward such operations. The Christensen case discussed and quoted in the first installment of this article, is, we believe, the only expression of any court in this country on this exact issue. Until recent years the attitude of all civic bodies, as well as the courts, was that sterilization was immoral in all aspects. In California, and in many other states, public opinion has progressed to the point of approving sterilization for the purpose of rendering the unfit incapable of procreation and for the purpose of preventing pregnancy where the same would be likely to result in the death of the mother. As to how far one may safely go beyond these bounds, it is impossible to state. One California case, *People vs. Blankenship*, 16 Cal. App. (2nd) 606, expressed a qualified approval of sterilization with respect to those patients who are afflicted with venereal disease. In that case a criminal had been charged with the crime of statutory rape, but had been allowed probation upon the condition that he submit to sterilization. He appealed to the courts on the ground that such an operation would be an unfair condition of probation.

The Appellate Court made the following statement:

The state is vitally interested in the health and welfare of its citizens. It is certainly interested in preventing contamination of them by venereal disease. It may be conceded that intelligent medical science has succeeded in producing a cure for syphilis which is efficacious in the great majority of cases. However, as the trial court very properly observed, it was not so much concerned with curing the disease with which appellant was afflicted as it was with preventing appellant from transmitting the disease to his possible posterity. If reproduction is desirable to the end that the race shall continue, it is clearly desirable that the race shall be a healthy race, and not one whose members are afflicted by a loathsome and debilitating disease.

A New York case has, however, taken a different attitude. In *Foy Productions vs. Graves*, 3 N. Y. S. (2nd) 573, petitioners requested that the order of the Board of Education, which had denied them the right to show a

moving picture relating to sterilization, be set aside. The Court, in denying the petition and upholding the act of the Board, stated:

"Tomorrow's Children" publicizes and elucidates sterilization as a means to prevent the conception of children, that it is a form of birth control, contraception without penalty, and that it is "an immoral means to a desirable end." It declares its own immorality. . . . The content of the picture is devoted to an illegal practice, which is, as a matter of common knowledge, immoral and reprehensible according to the standards of a very large part of the citizenry of the state.

Hence, we have one court considering sterilization for purposes of health (control of syphilis) to be legally justified, and another court vigorously condemning it when resorted to for purely contraceptive purposes. One can only conclude that sterilization operations are only proper in the eyes of the law when related to preservation of life or protection of health.

Civil Liability.—It seems to be generally believed that so long as the consent of the patient is obtained, the patient is not in a position to sue the doctor for the performance of an operation for sterilization. This may be a misapprehension since more than one case has held that if an act is illegal *per se* and a person suffers loss thereby, such person may recover against the actor regardless of his consent to the act. Whether or not this would be true in California in relation to sterilization, is purely a matter of speculation until there is a statute or decision on the point. However, the question of civil liability would depend first of all on whether or not the act should be criminal and, therefore, illegal *per se*.

It is true that in recent years there has been a tendency to enlarge the field within which sterilization is permitted. It is also true that under many state laws, and because of the lack of state laws, a physician cannot, without danger to himself, perform these operations in cases that seem to him meritorious. The law, as it stands, leaves very much in doubt the question whether or not such an operation may be performed, even with the consent of the patient, unless it is necessary to safeguard health or preserve life.

The answer to the problem could best be secured through the enactment of clarifying legislation. A physician, who chooses to act before this has been done, must do so with full knowledge that the consequences could be serious.

Conclusions

For the present it is possible to draw the following conclusions from existing statutes and decisions:

1. Under no circumstances may a vasectomy or salpingectomy be performed upon any person for the reason that he or she may be mentally incompetent, feeble-minded, perverted, or otherwise subject to commitment in a state institution, but in all cases involving such persons the problem must be referred to the State Department of Institutions for whatever action it deems proper.
2. If a female patient who is not within Rule 1, above, requires a salpingectomy in order to *preserve her life or to safeguard her health*, then and only then it is permissible to perform the operation.
3. If a male patient who is not within Rule 1, above, is married and is living with his wife, and if his wife must not become pregnant for the *preservation of her life or health*, then, in order to avoid pregnancy, it may be legally proper to perform a vasectomy.
4. Assuming that a male who is not within Rule 1, above, could require a vasectomy in order to preserve his own life or health, then a vasectomy could properly be performed.
5. Except in the specific instances enumerated in the foregoing rules, the California law is indefinite and uncertain, and offers little protection to a physician who might be called to account before a court and jury, particularly if at the time there existed adverse public opinion.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XIV, No. 6, June, 1916

From Some Editorial Notes:

California Springs.—The cry of "see America first" has been heard throughout the land. But the European war and the fear of submarines did more than any amount of advertising, to convince the traveling public of the wisdom of heeding the cry. So, too, with our mineral springs, with which this country, like Europe, is richly endowed. The waters of the European spas can all be duplicated in the United States. Some of them are, possibly, superior to those of Europe. The great trouble with the springs in this country, is that no real effort has been made to induce people to go to them. In this State, we have no place that really meets the requirements of a first-class resort. First-class hotels, attractive grounds with an abundance of carefully laid-out walks, convenient drinking places, proper bathing facilities, carefully planned institutions for hydro- and mechano-therapy—all these are needed if a resort is to attract people, or if it expects the support of the medical profession. . . .

In Europe, the various municipal and state governments have done much to develop their resorts, not only because of the desire to lessen the suffering of humanity, but because of the revenue ultimately derived therefrom. A few years ago, the State of New York purchased Saratoga Springs. It obtained the services of experts to aid in the restoration of the springs which had suffered at the hands of near-sighted commercial interests. It has spent considerable money; it is today beginning to reap its reward; physicians are studying its waters; they expect to find that they are as efficacious as those of Nauheim, Vichy, Kissingen, etc. It will not be long before the cardiac, the nephritic, the gouty, the rheumatic, will be taught to "drink and bathe in America first."

In California we have numerous springs. None of them may be said to be properly managed. They not only lack many of the essentials necessary for successful handling of patients, but no attempt is made to run them on a scientific basis. By their extravagant claims and literature, they create distrust rather than confidence in the minds of the profession.

Might it not be well if our most active and very efficient State Board of Health, among its many other duties, took it upon itself to investigate our California springs, and make recommendations so as to induce private interests, or, failing in this, perhaps the legislature, to improve our resorts and place them upon a proper basis?

~ ~ ~

Social or Health Insurance.—As will be seen from the minutes of the House of Delegates at the Fresno meeting, published elsewhere in this issue of the JOURNAL, considerable attention was given to a discussion of this very important subject. The JOURNAL has previously called attention to the fact that in this State a commission to study the whole situation was authorized by the last legislature, and an appropriation of \$20,000 provided for the purpose. The members of this commission are: Miss Barbara Nachtrieb, secretary; Miss Katherine C. Felton, Mrs. Frances

(Continued in Front Advertising Section, Page 16)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

* During the past two years, the California Medical Association has been coöperating with the California State Chamber of Commerce in efforts to develop the mineral springs of California.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By CHARLES B. PINKHAM, M. D.,
Secretary-Treasurer

News

"Twenty-one young Los Angeles physicians and surgeons—all within or close to draft ages—yesterday volunteered their services to the British Army Medical Corps in response to an appeal by President Roosevelt. Dr. Frank G. Nolan, spokesman for the group, said they hoped to be the nucleus of a battalion of one thousand American doctors asked by the President to help the British Red Cross. Each is a specialist in some branch of surgery, Doctor Nolan said. . . . Others in the group are: Doctors Arthur D. Pederson, J. Willoughby Howe, Donald Baker, Gaylord Brignell, H. J. Carter, Howard B. Norcross, Bruce Decker, Forest J. Brunigen, Robert Parker, A. V. Jackson, Frank Piazza, J. E. Pritchard, B. B. Lewis, John R. Phelps, B. Kalan, N. J. Feinstein, Walter Steiss, N. Gertmenion, George Lee, and J. Tenney." (Los Angeles Examiner, April 29, 1941.)

"Dr. Eaton McCloud Mackay, research director of the Scripps Metabolic Institute at 468 Prospect Street, La Jolla, yesterday was named by Governor Culbert L. Olson as a member of the State Board of Health to succeed the late Dr. Frank B. Young of Long Beach. Doctor Mackay is a graduate of Stanford and the University of California, and formerly was associated with the Rockefeller Institute for Medical Research. He became research director of the metabolic clinic in July, 1929." (San Diego Union, April 24, 1941.)

"C. A. De Vere, traveling lecturer on anatomy, who has been under arrest since March 17, on the charge of violating the Medical Practice Act by unlawfully posing as a physician and surgeon, today is at liberty. This morning he appeared before Justice of the Peace P. M. Smith of Auburn in the Colfax Justice's Court and withdrew his plea of not guilty, pleaded guilty and was fined \$100. The accused paid the fine and was released. . . . The authorities said a collection of preserved specimens of human anatomy, including the head and hands of William James Johnstone, alias John Anderson, alias John Wagoner, stored in a trailer here, were to be returned to De Vere. The court action followed the announcement in Sacramento by Charles H. Stone, chief of the State Bureau of Criminal Identification, that Johnstone, an ex-convict, committed suicide in St. Louis in 1935 and his body was released to a medical college for dissection. De Vere obtained the specimens in 1939. It has been feared the specimens were from the body of a murder victim. . . ." (Sacramento Bee, April 11, 1941.)

"The Assembly Committee on Medical and Dental Laws today gave a 'do pass' recommendation to a Chinese herbalist regulation proposal, with Chairman Melvyn I. Cronin of San Francisco opposing the bill because 'it kind of smells to me.' Assemblyman Charles W. Lyon of Los Angeles County is the author of the measure, A. B. 1349, which he said would provide state control of herb vendors and practitioners through licensing by the State Board of Pharmacy. Lyon declared such regulation is necessary to prevent misleading of the public by the use of words such

(Continued in Front Advertising Section, Page 30)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6.



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BOARD OF MEDICAL EXAMINERS

(Continued from Front Advertising Section, Page 30)

to be sentenced today. Mrs. Ramsey did not ask for probation since she was reportedly arrested Sunday when the trial was in recess, on new charges in a raid on a Seal Beach establishment. Raiding officers reported that she was in the act of committing an illegal operation when they entered the place. Following a conference between attorneys trying the case before Superior Judge Fred Miller in Long Beach, the six decided to plead guilty. One, Mrs. Marguerite Baird Green, daughter of Mrs. Ramsey, was not in court, due to an asserted attempt to end her life a few hours before, but her attorney entered the new plea for her. The other four defendants are Claude Ramsey, thirty-nine, son of Mrs. Ramsey; Grace Balch, fifty-one; Lillian Foster, thirty; and William Crissman, fifty. May 20 was set for probation hearing." (Los Angeles *Herald-Express*, May 1, 1941.)

"Mrs. May Ramsey, fifty-seven, of Torrance, was sentenced yesterday by Judge Fred Miller in Long Beach Superior Court to serve four to ten years in the women's prison at Tehachapi. She pleaded guilty Tuesday to one count of conspiracy to commit an illegal operation and to two counts of actually performing such operations." (Los Angeles *Herald-Express*, May 2, 1941.)

"Dr. William W. Reich, well-known Berkeley physician, 47 Poplar Avenue, was arrested today on a charge of illegally voting in Alameda County since 1922. Reich, who studied at the University of California and the Stanford Medical School, was freed on \$1,000 bail and ordered

by Berkeley Police Judge Oliver Youngs to appear by nine to enter a plea. Alameda County District Attorney Ralph Hoyt said that Reich, a native of Singapore and, therefore, a British subject, is accused of voting here without ever having obtained United States citizenship." (San Francisco *Call*, May 2, 1941.)

"The Senate Business and Professions Committee last night approved A. B. 1475 by Assemblyman Roger A. Pfaff of Los Angeles County, which would require that applicants from foreign medical schools seeking physicians and surgeons' certificates must show that their country will admit qualified practitioners from the United States." (Sacramento *Bee*, May 2, 1941.)

"Members of the Health Service Board, municipal employees compulsory health insurance system, were to meet today to approve medical bills for the month which indicated doctors will receive payment for their services at the rate of 70 cents per unit value, for April. . . ." (San Francisco *News*, May 1, 1941.)

"A brief ceremony was conducted with the signing by Governor Culbert L. Olson of A. B. 2144 and A. B. 2145, both by Assemblyman Gardiner Johnson of Alameda County and relating to the requirements for chiropodists. Taking part in the ceremony yesterday, in addition to the Governor, were Dr. Harold M. Hogan of Sacramento, president of the California State Association of Chiropodists; State Senator James J. McBride of Ventura County and Assemblyman Gardiner (Johnson). A. B. 2144 sets

(Continued on Page 36)

Are the Neuritic Symptoms of Pregnancy due to a deficiency of vitamin B₁ (thiamine)?

SUCH common neuritic symptoms of pregnancy as pains in arms and legs, muscle weakness, and (less frequent but more serious) paralysis of the extremities may result from a shortage of antineuritic vitamins, recent investigations appear to show. Although neuronitis of pregnancy has long been considered a toxemia, no toxins have ever been identified.

Clinical observations of Strauss and McDonald lead to the conclusion that the condition is a dietary deficiency disorder similar to beriberi, caused by lack of vitamin B₁. They report recovery in their cases receiving this therapy, including dried brewers' yeast.

Hyperemesis as Cause of Avitaminosis

Wechsler observes that all cases of polyneuritis of pregnancy recorded in the literature were preceded by long periods of severe vomiting. "It would seem," he adds, "that because of actual starvation these patients suffered from avitaminosis and consequent neuritis," a view likewise held by Hirst, Luikart, and Gustafson. Plass and Mengert observe that the practice of giving high carbohydrate feedings for hyperemesis gravidarum is still more likely to cause avitaminosis.

Dried brewers' yeast, as it is far richer than any other food in vitamin B₁ (thiamine), is being used with benefit both in the prevention and treatment of polyneuritic symptoms of pregnancy. Lewy found that additions of yeast to the diet reduced electric irritability of the peripheral nerves and brought clinical improvement. Vorhaus states that he and his associates, after administering large amounts of vitamin B₁ (thiamine) to 250 patients having various types of neuritis, including that of pregnancy, observed in about 90% of cases "varying degrees of improvement, i.e., from partial relief of pain to complete disappearance of all symptoms."

Need for Vitamin B₁ (thiamine) in Lactation

Evans and Burr, Hartwell, Sure and co-workers, and Macy *et al* are among numerous authorities who find that the nursing mother also needs a supplement of vitamin B₁ (thiamine) from 3 to 5 times the normal requirement. It is accepted that during pregnancy and lactation the requirement for vitamin G (riboflavin) is increased.



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(Continued from Page 34)

the educational requirements of an applicant for a chiropract's license and increases the number of school attendance hours necessary from 2,25 to 3,360. A. B. 2145 specifies certain percentages of time which must be spent on defined subjects in chiropody." (Sacramento Bee, April 18, 1941.)

"Edward Joseph Delehanty, thirty-five, of Gustine, today pleaded guilty before Superior Judge Hal S. Shaffer to charges of using a college diploma in an attempt to pose as a physician, and was sentenced to San Quentin penitentiary. Delehanty was arrested in Gustine Thursday by Thomas P. Hunter of San Francisco, Special Agent for the State Board of Medical Examiners, and District Attorney A. A. Henderson. According to Hunter, Delehanty has posed as a physician in San Francisco and Denver and also in Newman. In Colorado he impersonated a physician who was licensed to practice in New York, Hunter said. Delehanty, who claimed to be a graduate of the University of Colorado, reportedly served four years in a New York penitentiary on charges of forgery, Hunter told the court. According to sheriff's officers, Delehanty came to Gustine last October, and obtained a position as bacteriologist in a creamery there. He assertedly used a diploma from the University of Colorado to support his statements that he was an accredited physician. A man by the name of Edward Joseph Delehanty was graduated from the University in June, 1932, the date on the diploma presented by the suspect, according to Hunter. Suspicion concerning Delehanty was aroused when Gustine residents noticed that Delehanty's hair, which apparently had been dyed red,

was growing out black. A picture of the suspect was published in *The Journal of the American Medical Association*, February 1, 1941, page 433, according to Mr. Hunter, leading to his arrest Thursday. Henderson said Delehanty had treated 'at least two' individuals in the Gustine district." (Merced Sun-Star, April 11, 1941.)

"Charges against Mrs. Mae Graham, prominent Madera maternity home operator charged with violating a minor section of the State Medical Act, were expected to be stiffened today as District Attorney George Mordecai finished preparation of a new suit. Mordecai declared that the new suit which is already drawn up and awaiting the final signatures will contain seven separate counts charging Mrs. Graham with practicing midwifery without a license. . . . The seven individual counts charging the well-known Madera pioneer with midwifery date back over an eleven-month period, and Mordecai declared in each count Mrs. Graham had sufficient time to seek the services of a licensed doctor instead of rendering her own services. . . ." (Madera Tribune and Mercury, April 17, 1941.)

"Investigation of an alleged abortion ring, already punctuated by three deaths, today centered on records seized in the office of Mrs. Ada Martin, who is under indictment in connection with the syndicate. After a preliminary investigation of the records seized in Mrs. Martin's office, Assistant State's Attorney Samuel Papanek declared today: 'This thing is so big we may never find all the angles to it. This ring has ramifications stretching from Florida to the Pacific Coast—it takes in more than a million dollars a year.' Latest victim of the probe was Mrs. Emily Ranus

(Continued on Page 38)

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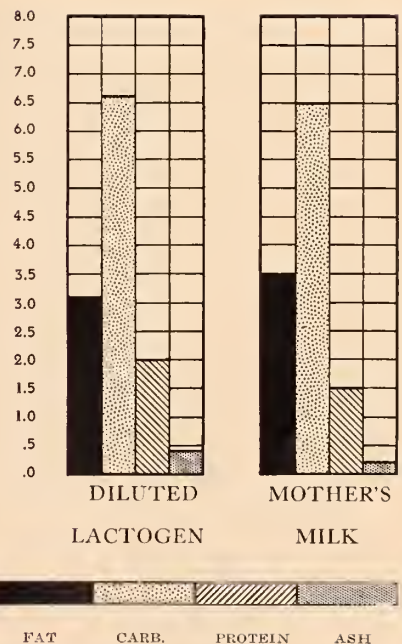
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Clinical Pediatrics, p. 156



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(Continued from Page 36)

Millstone, thirty, within six weeks a bride and a widow, who yesterday died by self-poisoning. Her death followed by thirteen days that of her husband, Dr. Henry Millstone, forty-four, who before he died of an overdose of sleeping tablets wrote notes confessing participation in the abortion mill. The third victim was Mrs. Jennie Martin, twenty-four, daughter of Mrs. Ada Martin, who was shot and killed Tuesday by Daniel Moriarity, a state's attorney's policeman. Moriarity, assigned to the investigation of the ring, said he intended to shoot Mrs. Martin, who had been 'pestering' him in connection with her indictment. In the

hospital for treatment of wounds inflicted in a suicide attempt, he tried to jump from the window of his third-floor room, but was restrained by policemen and hospital attendants." (Press dispatch, dated Chicago, May 1, and printed in the *San Francisco Call-Bulletin*, May 1, 1941.) The 1927 annual report of the Board of Medical Examiners (also published in the 1928 directory) mentioned some correspondence with a woman named Agnes Mae Martin and her attempts to secure reciprocity licenses, both in Illinois and Michigan, under the name of a bona fide California licentiate. The application filed by Agnes Mae Martin listed Lillian Hobbs, 753 Montrose Avenue, Chicago, as certifying to her good moral character. The latter, according to the *Federation Bulletin* 1920, page 286, had lost her appeal from a fourteen-year imprisonment sentence following conviction of criminal abortion. The other endorser, Eva S. Shaeffer gave the address 1120 Sedgwick Street, Chicago, which was later reported to be a notorious abortion hospital, the Sedgwick Maternity Home, Chicago.

"Alexis Romanoff, claimant to the Russian throne, said today that he will serve as his own attorney on May 20, when he is tried on a charge of illegally entering the United States. Romanoff was arrested in Tia Juana, Mexico, on March 13 after he was found wandering handcuffed in the streets. He declared that he had been kidnaped by two unidentified men in Reno, Nevada, and transported to the border city." (Press dispatch dated San Diego, April 19, and printed in the *San Francisco Examiner*, April 20, 1941.)

"Henry Newsom, twenty-nine, La Habra electrician who heads the 'Science of Characteristics' cult, today considered asking the Appellate Court to set aside his conviction and \$500 fine for violation of the State Medical Practice Act. Appearing before presiding Superior Judge G. K. Scovel yesterday, Newsom lost his appeal from his conviction on January 27 in Anaheim police court, where Judge Frank Tausch levied the fine and demanded Newsom serve time in jail at the rate of \$2 per day if not paid. Newsom was prosecuted on complaint of Mrs. Anna Hill that the cult leader had prescribed for her last July 15. The state charged that this constituted a violation of the Medical Practice Act." (*Orange News*, April 17, 1941.)

"Charged with treating the sick without a license, H. E. McKay, Antelope Valley self-styled physician, today was

(Continued on Page 40)

Of Value To The Physician In Increasing The Patient's Vitamin Intake

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BOARD OF MEDICAL EXAMINERS

(Continued from Page 38)

arrested and lodged in the county jail in lieu of \$250 cash bail. The defendant, who was booked as a 'carpenter,' was arrested on a complaint signed by J. W. Williams, special agent for the State Medical Board, following a 'treatment' given him by McKay yesterday. Williams was called here at the request of District Attorney Clair Engle, following several informal complaints. According to Williams, McKay claimed he had attended medical school at the University of California, University of Michigan, Queens College, in Canada, and medical schools in London and Germany. He asserted his diplomas were in storage in Sacramento and in response to a question as to why he didn't have a license to practice, he said: 'I didn't think a medical license would cover the kind of treatments I give.' Williams said that McKay later allegedly admitted that he was a carpenter by trade and that he had been practicing only about eight months. He assertedly told officers that he 'discovered' the 'new type of treatment' after he visited a man in Portland. In outlining his experience in the medical world, McKay purportedly told officers he was a surgeon in Canada during the World War. He later told officers that instead of a surgeon he had been a male nurse. The defendant assertedly told Williams he had 'cured' many cases of gall-bladder, goiter, and other diseases by his method. . . . Williams said that a chiropractor from Susanville was working with McKay and that charges may be filed against him for practicing in Tehama County without registering his certificate." (Red Bluff Daily News, May 8, 1941.)

Without health life is not life; it is only a state of languor and suffering, an image of death.—Rabelais.



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American Medical Association Journal Discusses Mental Health in War Time.—The question of mental health in war time, particularly as it relates to fear, is discussed by *The Journal of the American Medical Association* in an editorial.

"If a normal, healthy impulse is forcibly repressed, according to Sir Walter Langdon-Brown, it comes to the surface again in an abnormal form," *The Journal* says. "If an evolutionary demand meets opposition from a nation which is convinced that its culture is the only one really worth having, the consequences to civilization prove serious. World War II is in essence, therefore, he believes, the result of an attempt to stem the tide of an evolutionary process tending toward greater internationalism. Both 'constructive and destructive impulses are present in the human mind, and at times the destructive element predominates in society. The destructive impulse, Langdon-Brown believes, is rationalized by the claim that the old state of affairs was so bad that it had to be destroyed before anything better could take its place. There are those in our own country who even now are advocates of this philosophy. Since the ordinary person wants nothing more than to be left in peace, it has been, Langdon-Brown points out, a common device of absolute rulers to distract attention from internal difficulties by telling the people that some other nation is trying to deprive them of their heritage. The side effects of these psychologic conflicts are interesting: nations at war look instinctively for a leader; in times of national anxiety there is a regression to certain primitive mental traits, which is well illustrated in Germany by the ritual of driving nails into the gigantic wooden image of Hindenburg. A more common tendency is the making of myths—an escape from reality into fantasy. Rumors become rife and tend to exaggeration beyond all basis of fact. Curiously enough, spreading bad news ap-



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peals to vanity. Where facts are few, rumors are many. Both the demand for leadership and the reliance on myth and rumor arise from the same cause, and, as gregarious animals, we are all suggestible and never more so than when in danger. Mr. Wilfred Trotter pointed out that the physical dependence of the infant develops later into suggestibility, which is psychic dependence—a necessary prerequisite of group life and activity. The dependence of infantile life thus develops into the interdependence of social and communal life. The individual, therefore, cannot be considered as a separate unit but only in relation to his social and communal surroundings.

"The greatest enemy of mental health, Langdon-Brown states, is fear. The genesis of fear is the survival and sometimes the perversion of a defensive mechanism of great antiquity and real value: alertness in the presence of danger by which the whole organism is keyed for action. The mechanism is activated through the sympathetic nervous system, which prepares the body for fight or flight. If action is inhibited, however, the same mechanism produces fright. Then, as Crile [George W., M. D., of Cleveland] has put it, the individual becomes like a motor car with the clutch thrown out: gasoline is consumed and the whole car may tremble from the violent action of the engine, but the car does not move. Thus, scientifically the best corrective of fear is action.

"A distressing form of fear is the fear of being frightened. This is clearly due to a conflict between two powerful instincts—the instinct of self-preservation and the herd instinct. The best antidote is action as a member of a community, especially if under suitable leadership. The essentially disadvantageous position of the civilian in wartime as compared with the soldier is thus clarified. The former has neither had the disciplinary training nor has he, as a rule, the advantages of community action.

(Continued on Next Page)

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"The general experience in Britain so far bears out the report of a conference of medical men convened before the active stage of war began. They stated that an exaggerated estimate had been formed of the liability of war to produce nervous breakdowns. This has received substantiation since the intensified air raids on Britain have been in progress, for few nervous breakdowns have occurred in spite of the suffering and material loss. A writer in the *British Medical Journal* has explained this fact in an interesting way:

"With the constant threat to the existence of the entire community constituted by repeated and indiscriminate bombing, a superb scapegoat is at hand. . . . The facility with which one can now project one's fear and anxieties is likely to be the most important one in preventing such breakdowns. The herding together of individuals in shelters in the face of common danger and the leveling-out process in society which is consequent upon universal hardship have no doubt been essentially responsible. Further, the opportunity for dramatization afforded by narrow escapes, etc., is a decided factor."

"The danger underlying the herd feeling is panic, for groups are suggestible in a wrong as well as a right direction. Therefore, Langdon-Brown says, anyone who goes about suggesting that an epidemic of nervous breakdowns is likely, for which there is really no ground, is doing what he can to produce panic. In addition to coöperative action as a means of preserving mental health in wartime, Langdon-Brown considers that physical fitness undoubtedly helps. Sufficient sleep is also important, as are cheerful surroundings. For these reasons, shelter-life is apt to have an evil effect in the war of nerves. The black-out, unless countered by light within, also serves to contribute to the depression of nerves."

Selective Service System Offers Prehabilitation Plan.

A plan aimed at reducing the number of rejections of registrants for military service by medical examiners of Selective Service and Army induction boards and at the same time answering the mounting criticisms of this aspect of the Selective Service system is offered by Selective Service Headquarters in *The Journal of the American Medical Association*.

The project plans to prehabilitate registrants and to have them recognize and remove their remediable defects prior to presenting themselves to their local board of Selective service or the induction board of the Army.

Discussing the need for such a program, Selective Service Headquarters points out that the Army will require 800,000 men this year and 900,000 in each of the succeeding four years.

"These men," the article states, "should be of the type that cannot only serve best the needs of the country as soldiers in the present emergency, but of the kind who may actually be benefited by military training and contacts and who may, in future years as Legionnaires, exercise constructive patriotic leadership, such as will inspire national confidence.

"From the foregoing it is evident that the country is attempting to select as soldiers only the very cream of its young manhood. Each and every individual is 'hand-picked,' critically inspected and carefully tested before he is admitted to the Army. Only the fit are selected as soldiers. It is obvious, therefore, under these conditions, that selection should be regarded as a stamp of efficiency, a signal honor and a distinct privilege.

"To date the number of deferments and rejections has been large, so great indeed that considerable concern is evident in Selective Service, in the Army and in the country as a whole. It is estimated that less than 20 per cent of

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the 16,500,000 registrants are being classed as available for general military service. This situation obviously calls for analysis and for the adoption of remedial measures. . . .

"Criticism has been abundant and bitter and is on the increase. It has fallen on Selective Service and especially on the induction boards and on the whole system of medical examinations set up and now in operation. Whether the criticism is justified or not is aside from the question. Obviously, some remedies are needed and something must be done to diminish the number of rejections, something to rehabilitate registrants suffering from remediable defects and, in addition, something to improve the physical condition of the youth and of the people of the country as a whole. . . .

"The plan provides that (1) registrants familiarize themselves with the physical standards required; (2) registrants apply to their local physicians and dentists if they fall short of the stipulated standards; (3) family physicians and dentists correct defects if they are remediable; and (4) registrants carry certificates of prehabilitation to local and induction boards at the time they present themselves for examination.

"The purposes of this plan are: (1) to afford the registrant participation in his own prehabilitation; (2) to select more suitable men and increase the number of inductions; (3) to improve national morale by decreasing the number of rejections; (4) to cultivate in the registrants the spirit of self-reliance, initiative, and patriotism; and (5) to effect prehabilitation through maintaining the normal relationship of the patient to his family doctor and dentist.

"The mechanism for effectively carrying out the plan is now set up and available. Selective Service has already established national, state, and local organizations essential to carrying out this program. The sole additional requisites are: (1) an appropriate committee in each state repre-

(Continued on Next Page)

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(Continued from Preceding Page)

senting Selective Service and the medical and dental professions; (2) an advisory board with national headquarters to guide the movement; and (3) sufficient funds to support the educational program involved. Since, according to the plan itself, Selective Service will function through the medical and dental professions of the country, the support of these two professions is definitely assured.

"The program of education involves the dissemination of information to the 16,500,000 registrants concerned and to all the members of the medical and dental professions. This can be done by preparing and distributing special pamphlets, epitomizing the physical requirements and publicizing all pertinent information by the press (lay and professional), by the radio, by the pulpit, and by means of moving pictures. This program will need the support of educational, military, and religious organizations throughout the entire country. The approach to prehabilitation must be made on a national basis.

"So far as the registrant is concerned, he need only familiarize himself with the medical and dental requirements and present himself for advice and treatment to his local doctor or dentist, in the event that he feels that he falls short of the designated requirements. The family doctor, being familiar with the registrant's family background, his past illnesses and his personal attributes, is the man *par excellence* to determine the nature and the significance of the defects and to advise best as to what, if anything, should be done.

"Likewise, the family doctor and dentist are in the best position to remedy the existing defects, if they are readily remediable. If, however, of a more serious nature, the doctor—being thoroughly familiar with the registrant's physical, mental, moral and financial status, and also with

the professional personnel and with the hospital and institutional facilities of the locale—can best direct the registrant to the proper medical service, be it a free or pay, medical or dental clinic. In other words, the family doctor and dentist can remedy existing defects themselves, if easy of remedy, or can direct the registrant to the best local source for the particular professional service to be found in the immediate locality.

"Presentation of a certificate of prehabilitation by the registrant to the local and induction boards will indicate his desire to serve his country in its time of need. After this plan has been put into effect, those who appear before these various boards and are found suffering from remedial defects will reveal thereby their personal failure to do their part in the national preparedness program. The possession of a certificate of prehabilitation, on the other hand, will tend to indicate character and the possession of desirable qualities—intelligence, forethought, initiative, fitness, and a desire to serve—all of which must go into the making of a good soldier. Such a certificate will connote *esprit de corps*, morale, willingness to fight and the will to win. Above all else, an Army needs morale, that intangible something which leads to ultimate victory—such morale as has characterized the British in the present war; the same spirit that was displayed by the Greeks at Thermopylae in ancient days, and is bringing them victory in Albania at the present moment.

"Selective Service hopes that this plan of rehabilitation will make a deep appeal to and have the support of the registrants themselves, their families, and the nation. It should serve to diminish the number of rejections, with all attendant humiliation and inconvenience involved. It should give him a plus instead of a negative mark. It should

(Continued on Page 46)

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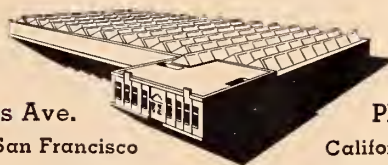
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(Continued from Page 44)

stamp many registrants with the mark of success instead of with the sign of failure. Above all, it should bring into the Army more and better soldiers: men who have helped to prepare themselves and are eager and willing to defend their homes, their country, and democracy."

In the same issue of *The Journal* an editorial discussing physical defects found in drafted men during the World War says:

"R. H. Britten and G. S. Perrott of the United States Public Health Service have summarized statistical data bearing on the physical defects observed in men examined during the draft of 1917-1918. The information is of particular interest at this time in connection with a suggested program of physical rehabilitation of registrants disqualified for general military service. Furthermore, it affords some indication of the number of men who will be classified as unavailable for duty with the armed forces during the present period of selective service owing to physical impairment.

"The information contained in the report is based largely on a study of a particular group of drafted men, the so-called second million, who were examined at camp after May 1, 1918. In addition, local board data, limited largely to reexaminations made under an order promulgated by

the President on November 8, 1917, were also considered. On this basis 21.3 per cent of drafted men were rejected, 9.9 per cent were placed in limited service groups, and 52.1 per cent were found to have defects. Thus, about one-third (31.2 per cent) were classified as not available for general military service. If this percentage should hold true at present, about one million, two hundred thousand men will have to be examined to meet the quota of eight hundred thousand men expected early this summer.

"Of especial value are data on the prevalence of defects observed in those who were rejected or accepted for only limited service. Among the more important conditions were defective vision with a rate of 40.8 per thousand drafted men, crippled or paralyzed members 38.7, flat feet 32.4, underweight 29.6, vascular [blood vessels] diseases of the heart 27.8, tuberculosis (all forms) 24.3, defective and deficient teeth 24.2, hernia 21.0, and mental deficiency 12.0. Numerous other defects, including blindness in one or both eyes, venereal diseases, defective hearing, otitis media [inflammation of the middle ear], curvature of the spine, varicose veins and varicocele, goiter, hypertrophic [enlarged] tonsillitis, lost upper extremities, lost lower extremities . . . and tachycardia [fast heart] to mention only the more prominent, were also commonly observed, but in all cases the rate was considerably lower than that given

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for the first-mentioned defects. Many of the diagnosis groups represent defects of which a large percentage may be remediable. As pointed out by Britten and Perrott, the most frequently occurring of these conditions are defective vision, underweight, tuberculosis, defective and deficient teeth, hernia, and venereal diseases."

The Commonest Cause of Hiccups in Newborn Infants.—The commonest cause of hiccups in a newborn infant probably is aerophagia (spasmodic swallowing of air followed by belching), *The Journal of the American Medical Association* says, in answer to an inquiry about the probable cause of frequent hiccuping by a baby two weeks old.

Hiccuping consists in a clonic (spasmodic rigidity and relaxation) contraction of the diaphragm, *The Journal* says. It explains that reflex stimuli may be transmitted to a portion of the vagus nerve (which controls sensation and motion and is distributed in the larynx, lungs, heart, esophagus, stomach, and most of the abdominal organs) and incite the hiccup. Four-fifths of the stimuli which initiate this reflex originate in the stomach.

In a two-week-old infant who hiccups after each meal the afferent stimuli to this nerve center probably arise in the stomach and are transmitted to the diaphragm through the phrenic nerve. In addition to aerophagia, this reflex may be initiated by too rapid nursing, the ingestion of unduly hot or cold milk, or dilatation of the stomach.

If the nursing is interrupted, *The Journal* explains, and the baby held on the shoulder and patted on the back, the belching of air ingested with the milk will probably empty the stomach of a considerable air bubble and will prevent the initiating of the hiccup.

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How to Minimize Loss of Vitamin C When Boiling Vegetables.—Although boiling vegetables reduces their vitamin C content, there are certain precautions that can be taken to make this loss as small as possible, Doris McCray, Cedar Rapids, Iowa, points out in *Hygeia, The Health Magazine*. Here is her advice:

"Keep the vegetable refrigerated until ready to use. Then wash, pare and cut into pieces at the last moment. Avoid soaking in cold water. Small pieces are best since they allow heat to penetrate at once, rendering the oxidative enzyme inactive more quickly. Add salt to the water, to season the vegetable while it cooks. Use as small an amount of water as practical, about one-half a cup, or enough to cover the bottom of the pan. Use a tight lid. Cook until tender, drain and save the vegetable juice. Serve as soon as possible."

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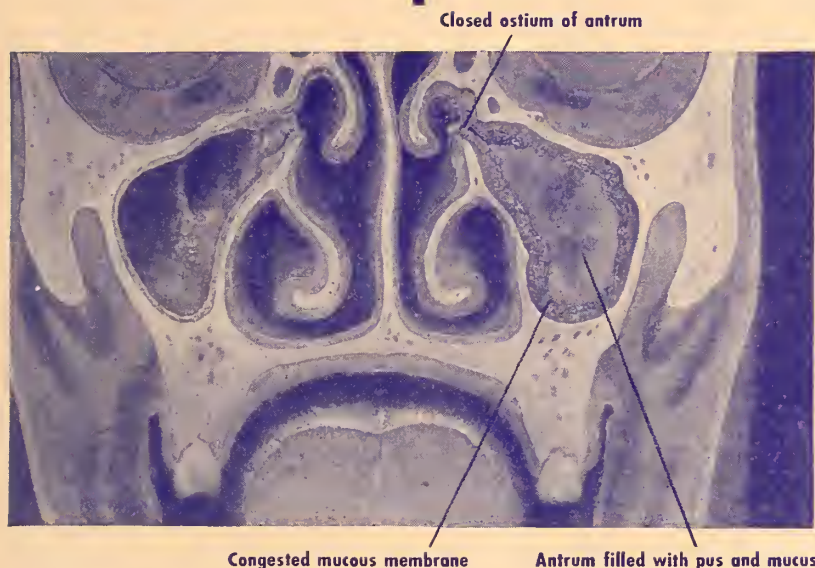
All that is required is that he obtain the endorsement by any officer of his county medical society. Endorsement blanks for this purpose may be obtained on application to the distributor, Mead Johnson & Company, Evansville, Indiana.

Such endorsement, however, is not required for showings by licensed physicians to medical groups for the purpose of familiarizing them with the message of the film.

"When Bobby Goes to School" is a 16-mm. sound film, free from advertising, dealing with the health appraisal of the school child, and may be borrowed without charge or obligation on application to the distributor, Mead Johnson & Company, Evansville, Indiana.



PATHOLOGY OF THE UPPER RESPIRATORY TRACT: 2



●
INFECTION OF
THE ANTRUM
OF HIGHMORE
●



SOLUTION



EMULSION



JELLY

CARDINAL principle of treatment of such infections is establishment of free drainage. To do this without surgery the mucous membranes must be shrunk thoroughly—for long periods, yet without local toxic effects.

NEO-SYNEPHRIN HYDROCHLORIDE

(laevo-alpha-hydroxy-beta-methyl-amino-3 hydroxy ethylbenzene hydrochloride)

The synthetic vasoconstrictor which shrinks mucous membranes rapidly, without “sting”, with more prolonged effect than ephedrine, and with lower toxicity in therapeutic dosage. Unpleasant side reactions are almost never encountered.

DOSAGE FORMS:

- Solution** — $\frac{1}{4}\%$ and 1% in saline solution (1-oz. bottles)
 $\frac{1}{4}\%$ in Ringer's solution with Aromatics (1-oz. bottles)
Emulsion — $\frac{1}{4}\%$ (1-oz. bottle with dropper)
Jelly — $\frac{1}{2}\%$ (in collapsible tubes with nasal applicator)

FREDERICK STEARNS & COMPANY, Detroit, Michigan

New York

Kansas City

San Francisco

Windsor, Ontario

Sydney, Australia

PREVENTION AND TREATMENT OF POISON OAK AND IVY WITH RHUS EXTRACTS

**ALBERT
STRICKLER:**

J.A.M.A.
80:1588

"Of 356 patients suffering from dermatitis venenata due to either poison oak or poison ivy and treated with the toxin (antigen) method, 10 patients or 2.8% received no benefit whatsoever, and 9 patients or 2.5%, received some, though doubtful improvement. 94.7% were markedly benefited or entirely cured. These results compare favorably, indeed are vastly superior to those obtained by any other form of local application as yet devised for treatment of this affection."

**HARRY E.
ALDERSON:**

Calif. & West.
Med.
46:183

"In the presence of an acute attack with much swelling and discomfort we inject one cubic centimeter of the concentrated extract intragluteally and repeat in 12 hours if there is no relief. Rarely do we give a third injection. Frequently there is relief of local symptoms within 12 hours; after that subsidence of the dermatitis is rapid... A high degree of tolerance can be developed by giving a dilute toxin ('immunizing solution') in ascending doses for a month or more."

**WILLIAM
GOODRICKE
DONALD:**

Calif. & West.
Med.
23:982

"During the last 22 months there have been 638 cases of poison oak dermatitis treated at the University Infirmary, 72 of which were hospitalized for an average of 3½ days. Average day's treatment of the 638 cases was 3.1; 312 of these were treated once. Those treated by poison oak extract were the more severe type and were treated on an average of 2.9 days. Cases considered not severe enough for extensive treatment were 151; these being treated by calomine lotion with 1% phenol as a rule. Average duration of treatment here was 4 days... The period of treatment, I believe, is remarkably short in view of the fact that only the severe cases were given the poison oak extract."

**F. L.
BIVINGS:**

Arch., Dermat.
& Syph.
9:602

Reporting on 105 cases: "The cases of poison ivy treated in this manner show a remarkably high percentage of complete recovery in a short period, so that the patients are relieved entirely, usually within less than 48 hours... The cases treated and remaining free from symptoms, have been all the more remarkable because they are daily exposed to further chances of their recurrence. Even in such a small series of cases as mentioned above it seems altogether possible to desensitize, with little inconvenience, sufferers from poison ivy, the desensitization lasting in the great majority of cases at least throughout the season, if not longer."



**CUTTER POISONOK
CONCENTRATE**

(for oral administration) 13 c.c.
dropper stoppered
bottle — \$1.25

**CUTTER TOXOK
CONCENTRATE**
2 vials with diluent
\$1.50

Similar extracts
of poison ivy
are also
available.

CUTTER TOXOK
Syringe containing
three doses, \$2.00
(one treatment).
2-1 c.c. vials, \$1.25
20 c.c. vial, \$10.00

CUTTER Laboratories

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